

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90300 017 \*\*\*150.00

0622558 AT

**DOCUMENT # F98000002715**

1. Entity Name

**CARQUEST MANAGEMENT SERVICES, INC.**



Principal Place of Business

~~% GENERAL PARTS, INC.~~  
**2635 MILLBROOK RD.**  
**RALEIGH NC 27604**

Mailing Address

~~% GENERAL PARTS, INC.~~  
**2635 MILLBROOK RD.**  
**RALEIGH NC 27604**

2. Principal Place of Business

**2635 Millbrook Rd**

Suite, Apt. #, etc.

3. Mailing Address

**2635 Millbrook Rd**

Suite, Apt. #, etc.

City & State

**Raleigh NC**

Zip

**27604**

Country

City & State

**Raleigh NC**

Zip

**27604**

Country

4. FEI Number

**93-1169031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOTTES, ART III	
STREET ADDRESS	2635 MILLBROOK RD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOTCHER, FREDERIC S	
STREET ADDRESS	3909 WESTWOOD PL.	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRISON, CHARLES E	
STREET ADDRESS	5605 KNOLLWOOD DR.	
CITY-ST-ZIP	RALEIGH NC 27609	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUIRLINGER, RICHARD B	
STREET ADDRESS	3340 OCOTEA ST.	
CITY-ST-ZIP	RALEIGH NC 27607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**CHARLES E. GARRISON**

**4/18/03**

**919-573-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)