

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000005970**

1. Entity Name

**WESTERN AUTO SUPPLY COMPANY**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90015 022 \*\*\*150.00

Principal Place of Business

Mailing Address

**5673 AIRPORT ROAD**  
**ROANOKE, VA 24012**

**PO BOX 2710**  
**ROANOKE, VA 24001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FLORIDA 33324**

4. FEI Number

**54-1911686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOE H. VAUGHN, JR.**

**4-27-2000**

Date

**540-362-4911**

Daytime Phone #

CR2E034 (9/99)

# Advance AutoParts

49 800 000 5970  
10084178

## WESTERN AUTO SUPPLY COMPANY – Additional Directors

**D**

**Mark J. Doran**

5673 Airport Road  
Roanoke, VA 24012

**D**

**John M. Roth**

5673 Airport Road  
Roanoke, VA 24012

**D**

**Timothy C. Collins**

5673 Airport Road  
Roanoke, VA 24012

**D**

**Peter M. Starrett**

5673 Airport Road  
Roanoke, VA 24012

**D**

**Willaim Slater**

5673 Airport Road  
Roanoke, VA 24012

**D**

**Julian C. Day**

5673 Airport Road  
Roanoke, VA 24012

**D**

**Joseph E. Laughlin**

5673 Airport Road  
Roanoke, VA 24012

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P.O. Box 2710 • Roanoke, Virginia 24001  
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