

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99000005491**

1. Entity Name
CARQUEST AUTO PARTS OF TALLAHASSEE WEST FL, INC.



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

04-21-2003 90300 028 ***150.00

0622550 AT

Principal Place of Business
~~C/O GENERAL PARTS, INC.~~
**2635 MILLBROOK ROAD
RALEIGH NC 27604**

Mailing Address
~~C/O GENERAL PARTS, INC.~~
**2635 MILLBROOK ROAD
RALEIGH NC 27604**



2. Principal Place of Business
2635 Millbrook Rd

3. Mailing Address
2635 Millbrook Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Raleigh NC

City & State
Raleigh NC

4. FEI Number
56-2160772

Applied For
Not Applicable

Zip
27604

Country

Zip
27604

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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	LAVRACK, WAYNE D	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUYKENDALL, WILLIAM D	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARNDER, JOHN	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRISON, CHARLES E	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUURLINGER, RICHARD B	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JOHNSON, J. HINES III	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	

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
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
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 address, with all other like empowered.

SIGNATURE:

CHARLES E. GARRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03
Date

919-573-3000
Daytime Phone #

CR2E034 (10/02)