

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90043 009 \*\*\*150.00

**DOCUMENT # F99000005517**  
 1. Entity Name  
**CARQUEST AUTO PARTS OF TALLAHASSEE NORTH FL, INC**

Principal Place of Business      Mailing Address  
**GENERAL PARTS, INC.**      **C/O GENERAL PARTS, INC.**  
**MILLBROOK**      **2635 MILLBROOK**  
**NC 27604**      **RALEIGH NC 27604-2809**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) ☐ **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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAVRACK, WAYNE D		NAME		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUYKENDALL, WILLIAM D		NAME		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOTCHER, FREDERIC S		NAME		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRISON, CHARLES E		NAME		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUIRLINGER, RICHARD B		NAME		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, J. HINES		NAME		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27604		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:** CHARLES E. GARRISON **4/17/00** **(919) 573-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)