## **2003 FOR PROFIT CORPORATION**

**UNIFORM BUSINESS REPORT (UBR)** 

**DOCUMENT #** 

F99000005517

CARQUEST AUTO PARTS OF TALLAHASSEE NORTH FL, INC



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

04-21-2003 90300 004 \*\*\*150.00

•			THE THE PARTY OF T			
Principal Place C/O-GENERAL 2635 MILLBRO RALEIGH NC	PARIS_INC. OOK	Mailing Address <u>0/0 GPNFRAL PARTS</u> 2635 MILLBROOK RALEIGH NC 27604	NG.			
2. Principal P	lace of Business Millbrook Rd	3. Mailing Address 2635 Mi	llbrook Rd		HI	
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	gh NC	City & State Ralelgh	NC	4. FEI Number 56-2160776 Applied For Not Applied	$\overline{}$	
Zip 2760	Country	Zip 27604	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent	<u> </u>	7. Name and Address of New Registered Agent		
			Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525						
1			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						
		<del>- 1</del>			$\dashv$	
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 \$5.00 May B Trust Fund Contribution.		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\neg \neg$	
TITLE	PD	☐ Delete	TITLE	Change Addi	ition	
NAME	LAVRACK, WAYNE D		NAME			
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		]	
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP			
THTLE	V	☐ Delete	TITLE	Change Addi	ition	
NAME	KUYKENDALL, WILLIAM D		NAME		{	
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		- {	
CITY-ST-ZIP	RALEIGH NC 27604	<u> </u>	CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addit	noiti	
NAME	GARDNER, JOHN		NAME			
STREET ADDRESS CITY-ST-ZIP	2635 MILLBROOK ROAD		STREET ADDRESS		)	
	RALEIGH NC 27604		CITY-ST-ZIP			
TITLE	SD Garrison, Charles e	☐ Delete	TITLE	☐ Change ☐ Addit	tion	
NAME STREET ADDRESS	2635 MILLBROOK ROAD		NAME STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		1	
TITLE	T	Delete	TITLE	☐ Change ☐ Addii	ition	
NAME	GUIRLINGER, RICHARD B	ביז הפופופ	NAME	C origings C Appril		
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS		}	
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		- [	
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addii	ition	
NAME	JOHNSON, J. HINES		NAME		1	
STREET ADDRESS	2635 MILLBROOK ROAD		STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27604		CITY-ST-ZIP		1	

12. Thereby 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 a faddress, with all other like empowered.

SIGNATURE:

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

Daytime Phone #