

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90866 028 ***150.00

DOCUMENT # F99000005518
1. Entity Name
CARQUEST AUTO PARTS OF TALLAHASSEE PAINT FL, INC

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

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **56-2160773** **Applied For**
 Not Applicable

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. 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 checked="" type="checkbox"/> Delete
NAME	KOTCHER, FREDERIC S	
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	

12. 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 checked="" type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	John Gardner
CITY-ST-ZIP	2635 Millbrook Rd
	Raleigh, NC 27604
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	

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**

APR 16 2002

919-573-3000
 Daytime Phone #

CR2E034 (9/01)