

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000005519**

1. Entity Name

CARQUEST AUTO PARTS OF TALLAHASSEE MAIN FL, INC.

Principal Place of Business

**C/O GENERAL PARTS, INC.
2635 MILLBROOK
RALEIGH NC 27604**

Mailing Address

**C/O GENERAL PARTS, INC.
2635 MILLBROOK
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

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LAVRACK, WAYNE D	2635 MILLBROOK ROAD	RALEIGH NC 27604	<input type="checkbox"/>

V	KUYKENDALL, WILLIAM D	2635 MILLBROOK ROAD	RALEIGH NC 27604	<input type="checkbox"/>
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VD	KOTCHER, FREDERIC S	2635 MILLBROOK ROAD	RALEIGH NC 27604	<input type="checkbox"/>
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SD	GARRISON, CHARLES E	2635 MILLBROOK ROAD	RALEIGH NC 27604	<input type="checkbox"/>
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T	GUIRLINGER, RICARDO B	2635 MILLBROOK ROAD	RALEIGH NC 27604	<input type="checkbox"/>
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AS	JOHNSON, J. HINES III	2635 MILLBROOK ROAD	RALEIGH NC 27604	<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON 4/18/01 919-573-3000

Date

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90024 008 ***150.00

CU062504

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2160778**

Applied For

Not Applicable

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

CR2E034 (10/00)