

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 90866 017 ***150.00

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

4. FEI Number

56-2160778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **LAVRACK, WAYNE D**
 CITY-ST-ZIP **2635 MILLBROOK ROAD
 RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **KUYKENDALL, WILLIAM D**
 CITY-ST-ZIP **2635 MILLBROOK ROAD
 RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **KOTCHER, FREDERIC S**
 CITY-ST-ZIP **2635 MILLBROOK ROAD
 RALEIGH NC 27604**

TITLE ☐ Change ☒ Addition
 NAME **John Gardner**
 STREET ADDRESS **2635 Millbrook Rd**
 CITY-ST-ZIP **Raleigh, NC 27604**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **GARRISON, CHARLES E**
 CITY-ST-ZIP **2635 MILLBROOK ROAD
 RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GUIRLINGER, RICARD B**
 CITY-ST-ZIP **2635 MILLBROOK ROAD
 RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **JOHNSON, J. HINES III**
 CITY-ST-ZIP **2635 MILLBROOK ROAD
 RALEIGH NC 27604**

TITLE ☐ Change ☐ 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 address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 2002

Date

919-573-3000

Daytime Phone #

CR2E034 (9/01)