

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004218

1. Entity Name

SONIC AUTOMOTIVE - BONDESEN, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90852 009 ***150.00

Principal Place of Business

Mailing Address

5401 E. INDEPENDENCE BLVD.
CHARLOTTE NC 28218

5401 E. INDEPENDENCE BLVD.
CHARLOTTE NC 28212-0503

C009

2. Principal Place of Business

Bondesen Chevrolet

3. Mailing Address

Bondesen Chevrolet

Suite, Apt. #, etc.

2800 S. 17-92

Suite, Apt. #, etc.

PO BOX 609

City & State

Deland FL

City & State

Deland FL

Zip

32720

Country

USA

Zip

32720

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-355 2436

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 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 ☐ Delete
NAME President
STREET ADDRESS B. Scott Smith
CITY-ST-ZIP 1820 Dilworth Rd. West
Charlotte NC 28203

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

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Theodore Wright
CITY-ST-ZIP 2900 High Ridge Rd.
Charlotte NC 28280

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

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Robert Hudson
CITY-ST-ZIP 24825 US Hwy 19 North
Clearwater FL 33763

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

TITLE ☐ Delete
NAME Treasurer
STREET ADDRESS Janet C. Plaszek
CITY-ST-ZIP 2616 Yule Tree Drive
Edgewater FL 32141

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: Janet C. Plaszek Janet C. Plaszek 4-26-00 904-427-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)