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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2003 8:00 am **Secretary of State** P99000014911 DOCUMENT # 01-23-2003 90128 039 ***150.00 1. Entity Name SONIC - LLOYD PONTIAC - CADILLAC, INC. Principal Place of Business Mailing Address 100 E. 23RD ST. 100 E. 23RD ST. PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3560058 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition SMITH, BRYAN S NAME NAME 1820 DILWORTH RD W STREET ADDRESS STREET ADDRESS **CHARLOTTE NC 28003** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WRIGHT, THEODORE NAME NAME STREET ADDRESS 308 LEANING TREE STREET ADDRESS COLUMBIA SC CITY-ST-ZIP CITY-ST-ZIE Asst. Sec/Treas AST TITLE Delete TITLE [7] Change Addition 1 BROWN, RICKY L Torgerson, Robert B. NAME NAME STREET ADDRESS 5605 LAKE CYRUS WAY STREET ADDRESS 2353 Woodhighlands Dr **BIRMINGHAM AL 35233** CITY-ST-ZIP CITY-ST-ZIP Birmingham, Al 35244 TITLE TITI F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

VIE (1) E OF SIGNING OFFICER