

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90453 046 ***150.00

DOCUMENT # P99000043291

1. Entity Name

SONIC - SHOTTENKIRK, INC.

DBA PENSACOLA HONDA

Principal Place of Business

Mailing Address

5401 E. INDEPENDENCE BLVD.
 CHARLOTTE NC 28212

5401 E. INDEPENDENCE BLVD.
 CHARLOTTE NC 28212-0503

2. Principal Place of Business

5600 PENSACOLA BLVD

3. Mailing Address

5600 PENSACOLA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number
59-3575773

Applied For
 Not Applicable

Zip
32505

Country
United States

Zip
32505

Country
United States

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

**CT CORPORATION SYSTEM
 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		PRESIDENT	
STREET ADDRESS		BRYAN S. Smith	
CITY-ST-ZIP		6407 Idlewild Rd - Bldg 2 Suite 109	
		Charlotte NC 28212	
TITLE	<input type="checkbox"/> Delete	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Theodore M. Wright	
STREET ADDRESS		6407 Idlewild Rd - Bldg 2 - Suite 109	
CITY-ST-ZIP		Charlotte NC 28212	
TITLE	<input type="checkbox"/> Delete	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Ricky L. Brown	
STREET ADDRESS		6407 Idlewild Rd - Bldg 2 - Suite 109	
CITY-ST-ZIP		Charlotte NC 28212	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<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:  **Ricky L. Brown** 4/22/00 (205) 873-1819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)