

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90019 010 ***150.00

DOCUMENT # P98000008932

1. Entity Name

SONIC AUTOMOTIVE-CLEARWATER, INC.

Principal Place of Business

Mailing Address

~~21799 U.S. HWY 19 N
 CLEARWATER FL 33763~~

~~24825 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 33763-3902~~

2. Principal Place of Business

21799 US Hwy 19 N
 Suite, Apt. #, etc.

3. Mailing Address

21799 US Hwy 19 N
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3501017

Applied For

Not Applicable

Zip 33765 Country U.S.A.

Country U.S.A.

Zip 33765 Country U.S.A.

Country U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 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 PD Delete
 NAME SMITH, B S
 STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
 CITY-ST-ZIP CLEARWATER FL 28218

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VTD Delete
 NAME WRIGHT, THEODORE M
 STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
 CITY-ST-ZIP CHARLOTTE NC 28218

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD Delete
 NAME SMITH, O B
 STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
 CITY-ST-ZIP CHARLOTTE NC 28218

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ASD Delete
 NAME HUDSON, ROBERT
 STREET ADDRESS 24825 U.S. 19 N.
 CITY-ST-ZIP CLEARWATER FL 33763

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)