

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008932

1. Entity Name

SONIC AUTOMOTIVE-CLEARWATER, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90019 010 ***150.00

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
Zip 33765 Country U.S.A.

City & State

Clearwater FL
Zip 33765 Country U.S.A.

4. FEI Number

59-3501017

Applied For

Not Applicable

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, B S	
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 28218	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WRIGHT, THEODORE M	
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28218	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SMITH, O B	
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28218	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HUDSON, ROBERT	
STREET ADDRESS	24825 U.S. 19 N.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)