

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000008932**

1. Entity Name

SONIC AUTOMOTIVE-CLEARWATER, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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
NAME **PD
SMITH, B S** ☐ Delete
STREET ADDRESS **5401 E. INDEPENDENCE BLVD.**
CITY-ST-ZIP **CLEARWATER FL 28218**TITLE
NAME **VTD
WRIGHT, THEODORE M** ☐ Delete
STREET ADDRESS **5401 E. INDEPENDENCE BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 28218**TITLE
NAME **CD
SMITH, O B** ☐ Delete
STREET ADDRESS **5401 E. INDEPENDENCE BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 28218**TITLE
NAME **ASD
HUDSON, ROBERT** ☒ Delete
STREET ADDRESS **24825 U.S. 19 N.**
CITY-ST-ZIP **CLEARWATER FL 33763**TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **AST
Brown, Ricky** ☐ Change ☒ Addition
STREET ADDRESS **4625 Alexander Drive, Suite 140**
CITY-ST-ZIP **Alpharetta, GA 30022**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 #

2/22/01

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90150 048 ***158.75

A0037603

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)