2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P98000064003** 1. Entity Name SONIC AUTOMOTIVE - 3741 S. NOVA RD., PO, INC. 03-20-2000 90144 022 ***150.00 Mailing Address Principal Place of Business 3741 S NOVA RD 3741 S NOVA RD PORT ORANGE FL 32119-4233 PORT ORANGE FL 32119 C0040779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3532594 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President ☐ Addition TITI F M Change TITLE Delete Smith, B. Scott SMITH, O. BRUTON NAME NAME 1820 Dilworth Road West STREET ADDRESS 6407 IDLEWILD RD. STREET ADDRESS CITY-ST-ZIP Charlotte, north Carolina CITY-ST-ZIP CHARLOTTE NC 28212 Vice President, Sec. and Treas Change ___ Addition Delete TITLE TITLE SMITH, B. SCOTT NAME NAME Wright, Theodore M. 6407 IDLEWILD RD. STREET ADDRESS 2900 High Ridge Road Charlotte, North Carolina 28280 STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28212 Addition Delete TITLE Change TITLE Assistant Sec. and Treas. WRIGHT, THEODORE M NAME NAME Hudson, Robert 6407 IDLEWILD RD. STREET ADDRESS STREET ADDRESS 24825 U.S. Highway 19 North CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28212 Clearwater, Florida 33763 Change Addition Delete TITLE Assistant Sec. and Treas. TITLE SYFERT, GAIL M Ptaszek, Janet C. 2616 Yule Tree Drive NAME NAME 6407 IDLEWILD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28212 CITY-ST-ZIP Edgewater, Florida 32141 Delete TITLE Change Addition TITLE HUDSON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 6407 IDLEWILD RD. CITY-ST-ZIP **CHARLOTTE NC 28212** CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-7IP

C. PHASZER 3 1 00