

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90457 043 ***158.75

DOCUMENT # P98000064003

1. Entity Name
SONIC AUTOMOTIVE - 3741 S. NOVA RD., PO, INC.

Principal Place of Business
3741 S NOVA RD
PORT ORANGE FL 32119

Mailing Address
3741 S NOVA RD
PORT ORANGE FL 32119

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 **59-3532594**

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **SMITH, SCOTT B**
 STREET ADDRESS **1820 DILWORTH ROAD WEST**
 CITY-ST-ZIP **CHARLOTTE NC**

TITLE **ASAT** ☐ Change ☒ Addition
 NAME **RICKY L. BROWN**
 STREET ADDRESS **4625 ALEXANDER DR. SUITE 140**
 CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE **VPST** ☐ Delete
 NAME **WRIGHT, THEODORE M**
 STREET ADDRESS **2900 HIGH RIDGE ROAD**
 CITY-ST-ZIP **CHARLOTTE NC 28280**

TITLE **AS** ☐ Change ☒ Addition
 NAME **PAUL GRANT**
 STREET ADDRESS **3741 SOUTH NOVA RD**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **AST** ☒ Delete
 NAME **HUDSON, ROBERT**
 STREET ADDRESS **24825 U.S. HIGHWAY 19 NORTH**
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **S** ☐ Change ☒ Addition
 NAME **STEPHEN K. COSS**
 STREET ADDRESS **6415 IDLEWILD RD**
 CITY-ST-ZIP **CHARLOTTE NC 28212**

TITLE **AST** ☐ Delete
 NAME **PTASZEK, JANET C**
 STREET ADDRESS **2616 YULE TREE DRIVE**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **P** ☒ Change ☐ Addition
 NAME **B. SCOTT SMITH**
 STREET ADDRESS **4516 BELKNAP RD**
 CITY-ST-ZIP **CHARLOTTE NC 28211**

TITLE **SEC** ☐ Delete
 NAME **STEPHEN K. CROSS**
 STREET ADDRESS **6415 IDLEWILD RD**
 CITY-ST-ZIP **CHARLOTTE NC 28212**

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

PAUL GRANT

2-16-01

Date

386-322-1020

Daytime Phone #

CR2E034(10/00)