

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90028 040 ***150.00

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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
59-3532504 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, 2002 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	VPST	☐ Delete
NAME	WRIGHT, THEODORE M	
STREET ADDRESS	2900 HIGH RIDGE ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28280	
TITLE	ASAT	☐ Delete
NAME	BROWN, RICKY L	
STREET ADDRESS	4625 ALEXANDER DRIVE STE 140	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	P	☐ Delete
NAME	SMITH, B. SCOTT	
STREET ADDRESS	4516 BELKNAP ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	S	☐ Delete
NAME	CROSS, STEPHEN K	
STREET ADDRESS	6415 IDLEWOOD ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	AS	☐ Delete
NAME	GRANT, PAUL	
STREET ADDRESS	3741 SOUTH NOVA ROAD	
CITY-ST-ZIP	POR ORANGE FL 32119	

TITLE	AST	☐ Change ☒ Addition
NAME	PTASZEK, JANET C	
STREET ADDRESS	2616 YULE TREE DR	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME	CROSS, STEPHEN K	
STREET ADDRESS	6415 IDLEWOOD RD	
CITY-ST-ZIP	CHARLOTTE, N.C. 28212	
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 M Grant

Date

Daytime Phone #

1/25/02 386-322-1020

CR2E034 (9/01)