FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State DOCUMENT # **P98000064009** SONIC AUTOMOTIVE - 1307 N. DIXIE HWY., NSB. INC. 05-14-2001 90263 050 \*\*\*150.00 Principal Place of Business Mailing Address 1307 NORTH DIXIE HWY P.O. BOX 1960 00053951 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3523302 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) SECRETARY ☐ Change X Addition ☐ Delete TITLE TITI F SMITH, SCOTT B NAME STEPHEN K COSS NAME STREET ADDRESS STREET ADDRESS 1820 DILWORTH ROAD WEST 6415 IDLEWILD ROAD CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28203** CHARLOTTE, NC 28212 Change Addition TITLE ASST SEC/ASST TREAS ☐ Delete TITLE WRIGHT, THEODORE M NAME NAME RICK L BROWN STREET ADDRESS STREET ADDRESS 2900 HIGHRIDGE ROAD 4625 ALEXANDER DRIVE, STE\_140 CITY-ST-7IP CITY-ST-ZIP CHARLOTTE NC 28203 ALPHARETTA GA 30022 ☐ Change ☐ Addition ASAT TITLE Delete TITLE HUDSON, ROBERT NAME NAME STREET ADDRESS 25825 U.S. HWY 19 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33763 ASAT** ☐ Change Addition ☐ Delete TITLE TITLE PTASZEK, JANET C NAME NAME STREET ADDRESS 2616 YULE TREE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GNATURE: Sand CEtasich Janet C Ptasick 4-30-01 904-427.1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

changed, or on an attachment with an address, with all other like empowered