

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90458 048 ***150.00

DOCUMENT # P99000004218**1. Entity Name**
SONIC AUTOMOTIVE - BONDESEN, INC.**Principal Place of Business****Mailing Address****BONDESEN CHEVROLET**
2800 S 17-92
DELAND FL 32720
US**BONDESEN CHEVROLET**
PO BOX 609
DELAND FL 32720
US**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**59-3552436**

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**
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, B S
1820 DILWORTH RD W
CHARLOTTE NC 28203 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Stephen K. Coss
6415 Idlewild Road
Charlotte, N.C. 28212 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WRIGHT, THEODORE
2900 HIGH RIDGE RD
CHARLOTTE NC 28280 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst. Sec./Asst. Treas.
Ricky L. Brown
4625 Alexander Dr., Suite 140
Alpharetta, Georgia 30022 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HUDSON, ROBERT
24825 US HWY 19 N
CLEARWATER FL 33763 ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PTASZEK, JANET C
2616 YULE TREE DRIVE
EDGEWATER FL 32141 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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:** *Janet C Ptasek* **Janet C Ptasek**
Asst Sec / Treas**3/7/01****904-427-1313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)