

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067144

1. Entity Name
SONIC - FM VW, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90009 012 ***150.00

Principal Place of Business

Mailing Address

3405 FOWLER ST
FORT MYERS FL 33901

13880 S TAMiami TRAIL
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

13950 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33912

LEE

4. FEI Number 65-0938821

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

CT CORPORATION SYSTEM
1200 S. 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 5401 E INDEPENDENCE BLVD
CITY-ST-ZIP CHARLOTTE NC 28212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST ☐ Delete
NAME WRIGHT, THEODORE M
STREET ADDRESS 5401 E INDEPENDENCE BLVD
CITY-ST-ZIP CHARLOTTE NC 28212

TITLE VT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☒ Delete
NAME HUDSON, ROBERT A
STREET ADDRESS 24825 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Delete
NAME PTASZEK, JANET C
STREET ADDRESS 1919 N DIXIE FREEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Stephen K. Coss
STREET ADDRESS 6415 Idlewild Road
CITY-ST-ZIP Charlotte, NC 28212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Change ☒ Addition
NAME Ricky L. Borwn
STREET ADDRESS 4625 Alexander Drive, Suite 140
CITY-ST-ZIP Alpharetta, GA 30022

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 Ptaszek Asst Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date

904-427-1313

Daytime Phone #

CR2E034 (10/00)