

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90310 022 ***150.00

DOCUMENT # P99000067144

1. Entity Name
SONIC - FM VW, INC.



Principal Place of Business
**13950 S. TAMIAMI TRAIL
FORT MYERS FL 33912**

Mailing Address
**13880 S TAMIAMI TRAIL
FORT MYERS FL 33912**

2. Principal Place of Business
7040 Pettys Way

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State

4. FEI Number **65-0938821**

Applied For
Not Applicable

Zip
33912

Country
US

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, SCOTT B	
STREET ADDRESS	5401 E INDEPENDENCE BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WRIGHT, THEODORE M	
STREET ADDRESS	5401 E INDEPENDENCE BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	PTASZEK, JANET C	
STREET ADDRESS	1919 N DIXIE FREEWAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSS, STEPHEN K	
STREET ADDRESS	6415 IDLEWILD ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RICKY L	
STREET ADDRESS	4625 ALEXANDER DRIVE, SUITE 140	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iuppenlatz, Mark J.	
STREET ADDRESS	2911 Province Trail Lane	
CITY-ST-ZIP	Charlotte, NC 28270	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Plummer, David	
STREET ADDRESS	5901 Avelon Valley #938	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mullins, Michael E.	
STREET ADDRESS	3905 Vasconia Street	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lipari, Lou	
STREET ADDRESS	10418 Springrose Drive	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LOU LIPARI, ASST. SEC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

727-243-2458

Daytime Phone #

CR2E034 (10/02)