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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91514 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10089859

DOCUMENT # P99000067147

1. Entity Name
SONIC - NORTH CADILLAC, INC.

Principal Place of Business	Mailing Address
5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212	5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212

2. Principal Place of Business	3. Mailing Address
4241 N. JOHN YOUNG PKWY	4241 N. JOHN YOUNG PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO
Zip: 32804 Country: USA	Zip: FL Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0938818 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, B. SCOTT 5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, THEODORE M 5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CROSS, STEPHEN K 5401 E. INDENDENCE BLVD. CHARLOTTE, NC 28212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST MULLINS, MIKE 24826 US HWY 19 N. CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST BROWN, RICKY L ~~4625 ALEXANDER DR., STE. 140~~ ~~ALPHARETTA, GA 30022~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS 4241 N. JOHN YOUNG PARKWAY ORLANDO FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST PLUMMER, DAVID 6415 IDLEWILD DR. CHARLOTTE, NC 28212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 4-22-03 407-299-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #