

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98485

Entity Name: AUTO CLINIC OF FT. PIERCE, INC.**Current Principal Place of Business:**3349 SOUTH U.S. #1
FORT PIERCE, FL 34982-6605**Current Mailing Address:**3349 SOUTH U.S. #1
FORT PIERCE, FL 34982-6605**FEI Number:** 59-2306129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS.DEBRA
89 PINWOOD LANE
FORT PIERCE, FL 34947 US*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:** DEBRA S THOMAS

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	THOMAS, DEBRA
Address	89 PINWOOD LANE
City-State-Zip:	FORT PIERCE FL 34947

Title	NON VOTING OFFICER
Name	THOMAS, KYLE
Address	3349 SOUTH U.S. #1
City-State-Zip:	FORT PIERCE FL 34982-6605

Title	NON VOTING OFFICER
Name	THOMAS II, TODD E
Address	3349 SO U S HWY #1
City-State-Zip:	FT PIERCE FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA THOMAS

OWNER

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date