

2015 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 PINEWOOD 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name THOMAS, DEBRA
Address 89 PINEWOOD 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 S THOMAS

OWNER

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date