

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147103

Entity Name: TOOL DOCTOR OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1825 N MAGNOLIA AVE
OCALA, FL 34475

Current Mailing Address:

PO BOX 2498
OCALA, FL 34478 US

FEI Number: 20-0460043

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, CHRIS C
1825 N MAGNOLIA AVE
OCALA, FL 34475 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 SMITH, CHRIS C
Address 1825 N MAGNOLIA AVE
City-State-Zip: Ocala FL 34475

Title STD
Name SMITH, SALLY A
Address 1825 N MAGNOLIA AVE
City-State-Zip: Ocala FL 34475

Title V
Name SMITH, AUSTIN C
Address 185 S.E. 62ND AVE.
City-State-Zip: Ocala FL 34472

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: SALLY A. SMITH

SECRETARY/TREASURER 02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date