**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 24, 2022**
**Secretary of State**
**7475084915CC**

DOCUMENT# P09000044140

**Entity Name:** 535 AUTO CARE CENTER INC.

**Current Principal Place of Business:**

13480 STATE ROAD 535
ORLANDO, FL 32821

**Current Mailing Address:**

13480 STATE ROAD 535
ORLANDO, FL 32821

**FEI Number: 27-0199328**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NELSON, TAMEE L
4305 SHOSHONE COURT
SAINT CLOUD, FL 34772 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 | P | Title | VP |
| Name | NELSON, WILLIAM M | Name | NELSON, TAMEE L |
| Address | 4305 SHOSHONE COURT | Address | 4305 SHOSHONE COURT |
| City-State-Zip: | SAINT CLOUD FL 34772 | City-State-Zip: | SAINT CLOUD FL 34772 |

*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: WILLIAM NELSON PRESIDENT 04/24/2022

Electronic Signature of Signing Officer/Director Detail — Date