### 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.

PRESIDENTE

## SIGNATURE: DENNIS A TIRADO

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title Ρ TIRADO, DENNIS A Name 18149 LAKEWORTH BLVD Address City-State-Zip: PORT CHARLOTTE FL 33948

### TIRADO, DENNIS A 18149 LAKEWORTH BLVD PORT CHARLOTTE, FL 33948 US

Name and Address of Current Registered Agent:

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:

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P1000004840

Entity Name: DENNIS AUTOMOTIVE SERVICE & REPAIRS, INC.

# **Current Principal Place of Business:**

18320 PAULSON DRIVE UNIT F PORT CHARLOTTE, FL 33954

# **Current Mailing Address:**

18320 PAULSON DRIVE UNIT F PORT CHARLOTTE, FL 33954

# FEI Number: 27-1668549

FILED Apr 30, 2015 Secretary of State CC7075707406

Certificate of Status Desired: No

Date

04/30/2015 Date