

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000026718

Entity Name: COUNTRYSIDE AUTOMOTIVE CLINIC, INC.

Current Principal Place of Business:

1890 N HERCULES AVE.
SUITE D
CLEARWATER, FL 33765

Current Mailing Address:

1890 N HERCULES AVE.
SUITE D
CLEARWATER, FL 33765 US

FEI Number: 46-2361049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKOPIS, CHRIS
1890 N HERCULES AVE.
SUITE D
CLEARWATER, FL 33765 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 PTS
Name SKOPIS, CHRIS
Address 1890 N HERCULES AVE.
 SUITE D
City-State-Zip: CLEARWATER FL 33765

Title VP
Name SKOPIS, HAIDO
Address 1890 N HERCULES AVE.
 SUITE D
City-State-Zip: CLEARWATER FL 33765

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: CHRIS SKOPIS

6071641515

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date