

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000026718

**Entity Name:** COUNTRYSIDE AUTOMOTIVE CLINIC, INC.

**Current Principal Place of Business:**

2340 SR 580  
STE, R  
CLEARWATER, FL 33763

**Current Mailing Address:**

2340 SR 580  
STE. R  
CLEARWATER, FL 33763 US

**FEI Number:** 46-2361049

**Certificate of Status Desired:** No

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

SKOPIS, CHRIS  
2340 SR 580  
STE R  
CLEARWATER, FL 33763 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        2340 SR 580 STE R  
City-State-Zip: CLEARWATER FL 33763

Title            VP  
Name            SKOPIS, HAIDO  
Address        2340 SR 580 STE R  
City-State-Zip: CLEARWATER FL 33763

*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

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date