

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082513

Entity Name: TRANSMISSION DOCTOR, INC.**Current Principal Place of Business:**7548 W. MCNAB RD.
BAY A-9/10
N. LAUDERDALE, FL 33068**Current Mailing Address:**7548 W. MCNAB RD.
BAY A-9/10
N. LAUDERDALE, FL 33068 US**FEI Number:** 65-0616290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURKE, LAWRENCE P III
7548 W. MCNAB RD., BAY A - 9/10
NORTH LAUDERDALE, FL 33068 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:** LAWRENCE P. BURKE III

02/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	BURKE, LAWRENCE P III
Address	147 SEVILLA AVE.
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	DIRECTOR, VP, SECRETARY, TREASURER
Name	MULL, THOMAS MATTHEW
Address	12109 53RD ROAD N
City-State-Zip:	WEST PALM BEACH FL 33411

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: LAWRENCE BURKE

PRESIDENT

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date