

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000026414

**Entity Name:** PHIL'S AUTO CLINIC, INC.

**Current Principal Place of Business:**

8263 SOUTH US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

8263 SOUTH US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952 US

**FEI Number:** 65-0735869

**Certificate of Status Desired:** No

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

SPARACINO, PHILIP  
123 NE ROYCE AVE  
PORT ST LUCIE, FL 34983 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            D  
Name            SPARACINO, PHILIP  
Address        123 NE ROYCE AVE  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** PHILIP SPARACINO

**OWNER**

**04/29/2019**

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

\_\_\_\_\_ Date