

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004951

**Entity Name:** AUTO CARE EXPRESS INC.

**Current Principal Place of Business:**

5195 WILLIAMS DRIVE  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

PO BOX 2998  
FORT MYERS BEACH, FL 33932 US

**FEI Number:** 26-0544081

**Certificate of Status Desired:** No

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

CZAJA, WILLIAM  
5195 WILLIAMS DRIVE  
FORT MYERS BEACH, FL 33931 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            PRES  
Name            CZAJA, LISA  
Address        5195 WILLIAMS DRIVE  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            VP/SEC/TREA  
Name            CZAJA, WILLIAM  
Address        5195 WILLIAMS DRIVE  
City-State-Zip: FORT MYERS BEACH FL 33931

*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:** WILLIAM CZAJA

**C.F.O.**

**01/31/2020**

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

\_\_\_\_\_  
Date