

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000017705

Entity Name: SOLUTIONS 83 INC**Current Principal Place of Business:**15 NORTH OAK STREET
#923
FELLSMERE, FL 32948**Current Mailing Address:**15 NORTH OAK STREET
#923
FELLSMERE, FL 32948 US**FEI Number:** 81-1514089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUTTON, SHAYNE R
15 NORTH OAK STREET
#923
FELLSMERE, FL 32948 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 PRESIDENT, VP, SECRETARY,
 TREASURER, DIRECTOR

Name HUTTON, S

Address 15 NORTH OAK STREET
 #923

City-State-Zip: FELLSMERE FL 32948

Title VP

Name HUTTON, S

Address 15 NORTH OAK STREET
 #923

City-State-Zip: FELLSMERE FL 32948

Title T, SECRETARY, DIRECTOR

Name ANDERSON, A

Address 15 NORTH OAK STREET
 #923

City-State-Zip: FELLSMERE FL 32948

Title S

Name HUTTON, S

Address 15 NORTH OAK STREET
 #923

City-State-Zip: FELLSMERE FL 32948

Title DIR

Name HUTTON, S

Address 15 NORTH OAK STREET
 #923

City-State-Zip: FELLSMERE FL 32948

Title DIR

Name ANDERSON, A

Address 15 NORTH OAK STREET
 #923

City-State-Zip: FELLSMERE FL 32948

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: S HUTTON**PRESIDENT****04/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date