## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N17000001349

Entity Name: SOLUTIONARY EVENTS INC

### Current Principal Place of Business:

433 ROTARY PLACE NE ST. PETERSBURG, FL 33703

## **Current Mailing Address:**

P.O. BOX 7463 ST. PETERSBURG, FL 33734 US

# FEI Number: 81-5273272

# Name and Address of Current Registered Agent:

BARDROFF, JENNA D 433 ROTARY PLACE NE ST. PETERSBURG, FL 33703 US

# FILED Feb 20, 2018 Secretary of State CC4832266180

Date

Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

Title	Ρ	Title	T, S
Name	RUMBOUGH, LARRY	Name	BARDROFF, THOMAS
Address	840 LILAC TRACE LANE	Address	8009 HIGH OAKS TRAIL
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	MYAKKA CITY FL 34251
Title	DIRECTOR	Title	AUTHORIZED REPRESENTATIVE
Name	CHIN, TREVOR	Name	BARDROFF, JENNA DELIA
Address	9808 SIR FREDERICK STREET	Address	433 ROTARY PLACE NE
City-State-Zip:	TAMPA FL 33637	City-State-Zip:	ST. PETERSBURG FL 33703
Title Name Address	AUTHORIZED REPRESENTATIVE LAYTON, KEVIN RICHARD 433 ROTARY PLACE NE	Title Name Address	AUTHORIZED REPRESENTATIVE BROWN, BRIAN WILLIAM EDMUND 433 ROTARY PLACE NE
Name Address		Name	BROWN, BRIAN WILLIAM EDMUND 433 ROTARY PLACE NE
Name Address City-State-Zip: Title	LAYTON, KEVIN RICHARD 433 ROTARY PLACE NE ST. PETERSBURG FL 33703 AUTHORIZED REPRESENTATIVE	Name Address	BROWN, BRIAN WILLIAM EDMUND 433 ROTARY PLACE NE
Name Address City-State-Zip: Title Name	LAYTON, KEVIN RICHARD 433 ROTARY PLACE NE ST. PETERSBURG FL 33703 AUTHORIZED REPRESENTATIVE BAKER, KRISTEN	Name Address	BROWN, BRIAN WILLIAM EDMUND 433 ROTARY PLACE NE
Name Address City-State-Zip: Title	LAYTON, KEVIN RICHARD 433 ROTARY PLACE NE ST. PETERSBURG FL 33703 AUTHORIZED REPRESENTATIVE	Name Address	BROWN, BRIAN WILLIAM EDMUND 433 ROTARY PLACE NE

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: JENNA BARDROFF

REGISTERED AGENT 02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date