

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503493

1. Entity Name

NESA, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90083 016 ***150.00

Principal Place of Business

Mailing Address

~~5711 EAST HWY 98~~

~~5711 EAST HWY 98~~

~~PO BOX 8888~~

~~PO BOX 8888~~

~~PANAMA CITY BEACH FL 32417-9036~~

~~PANAMA CITY BEACH FL 32417-1036~~

02000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1120 SANTA ROSA BLVD

1120 SANTA ROSA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT WALTON BEACH FL

FT WALTON BEACH

4. FEI Number

59-2007394

Applied For

Not Applicable

Zip

32548

Country

U.S.

Zip

32548

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JAMES A BERRY

Street Address (P.O. Box Number is Not Acceptable)

1120 SANTA ROSA BLVD

City FT WALTON BEACH

FL

Zip Code 32548

8. 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

James A. Berry
Signature typed or printed name of registered agent and title if applicable

JAMES A. BERRY
(NOTE: Registered Agent Signature required when reinstating)

DATE

3/9/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANDOKI, PEDRO P.O. BOX 1056 N/A GULF SHORES AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOLLER, JOHN C. P.O. BOX 133 N/A GULF SHORES AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANDOKI, NORA D. P.O. BOX 1056 N/A GULF SHORES AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pedro Mandoki

PEDRO MANDOKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-00

Daytime Phone #

850-244-5186

CR2E034 (9/99)