

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P94000085401*

1. Entity Name

N.P. HOTEL GROUP, INC.

FILED

02 APR 23 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1120 SANTA ROSA BLVD

3. Mailing Address

"Same" as #2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT WALTON BEACH FL

City & State

FT WALTON BEACH FL

4. FEI Number

59 3282098

Applied For

Not Applicable

Zip

32548

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME *P*
PEORO MANDOKI
STREET ADDRESS
P.O. BOX 6275
CITY-ST-ZIP
GULF SHORES, AL 36547

TITLE
NAME
NORA MANDOKI
STREET ADDRESS
P.O. BOX 6275
CITY-ST-ZIP
GULF SHORES AL 36547

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

ARW/30

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peoro Mandoki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 *850-244-5186*

Date

Daytime Phone #

CR2E034B (12/01)