

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000463

1. Entity Name

NIRVANA AIR, INC.

Principal Place of Business

400 LAKE AVE  
LARGO FL 33771  
US

Mailing Address

1107 HAZELTINE BLVD  
200  
CHASKA MN 55318-1043  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1727335

Applied For

Not Applicable

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

RUSSELL, TERRY  
499 ALTERNATE KEENE ROAD  
LARGO FL 34641

Name NRAI Services, Inc.

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

526 E. Park Avenue

City Tallahassee

FL

Zip Code 32301

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

Sue Brodtmann, Asst. Secretary

4-24-00

(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) ☐

**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	DCP GOODMAN, JOHN B 1107 HAZELTINE BOULEVARD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERKA, DAN 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILICH, PATRICIA 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEIFERT, MELINDA 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

Patricia Bilich Patricia Bilich, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

612/361-7000

Daytime Phone #

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90065 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)