

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011531

1. Entity Name
NIRVAN, INC.



FILED

03 SEP 15 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
3600 S.W. ARCHER Rd. Suite A2 Gainesville FL 32607 Same

2. Principal Place of Business 3600 S.W. ARCHER Suite, Apt. #, etc. A2
3. Mailing Address Same as above Suite, Apt. #, etc. //

City & State Gainesville FL City & State //

Zip 32607 Country FL Zip 32607 Country

4. FEI Number 01-0599741 Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAME N/A
STREET ADDRESS
CITY-STATE-ZIP

NAME ESMAIL SHOKRI
STREET ADDRESS (P.O. Box Number is Not Acceptable) 3600 SW ARCHER RD
CITY Gainesville FL Zip Code 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 9/11/03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SHOKRI, ESMAIL 3600 S.W. ARCHER RD. Gainesville FL 32607
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Gainesville FL 32607
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	900022555049 08/25/03--01100--017 **150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	900022555049 08/25/03--01100--018 **400.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED ESMAIL SHOKRI Jan 20 - 03 352-362-9203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0463358 AV

CR2E034 (10/02)