

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90394 028 \*\*\*150.00

0069877 AV

**DOCUMENT # P97000008302**

1. Entity Name  
**NIRVANA LAND CO., INC.**



Principal Place of Business  
~~710 GULF BREEZE PARKWAY~~  
~~GULF BREEZE FL 32501~~

Mailing Address  
POST OFFICE BOX 99  
GULF BREEZE FL 32562-0099



2. Principal Place of Business

3. Mailing Address

**350 Pensacola Beach Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**Suite 7**

City & State  
**Gulf Breeze, FL**

City & State

4. FEI Number **59-3424284**

Applied For  
Not Applicable

Zip  
**32561**

Country  
**Santa Rosa**

Zip

Country

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

**LYONS, MARK III**

~~710 GULF BREEZE PARKWAY~~ **68 Baybridge Dr.**  
~~GULF BREEZE FL 32501~~

Name

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

**68 Baybridge Dr.**

City

**Gulf Breeze**

**FL**

Zip Code  
**32561**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYONS, MARK III</b>	
STREET ADDRESS	<del>710 GULF BREEZE PARKWAY</del>	
CITY-ST-ZIP	<del>GULF BREEZE FL 32501</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILLMORE, FREDERICK III</b>	
STREET ADDRESS	<del>710 GULF BREEZE PARKWAY</del>	
CITY-ST-ZIP	<del>GULF BREEZE FL 32501</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>350 Pensacola Beach Blvd. Suite 7</b>
CITY-ST-ZIP	<b>Gulf Breeze, FL 32561</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>350 Pensacola Beach Blvd. Suite 7</b>
CITY-ST-ZIP	<b>Gulf Breeze, FL 32561</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-30-03**

Date

**850934 0440**

Daytime Phone #

CR2E034 (10/02)