

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 362725

1. Entity Name

JARVI CORP & ASSOCIATES

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90098 006 \*\*\*150.00

Principal Place of Business

Mailing Address

250 MT. LEBANON BOULEVARD  
200  
PITTSBURGH PA 15234-1247  
US

250 MT. LEBANON BOULEVARD  
200  
PITTSBURGH PA 15234-1252  
US

2. Principal Place of Business

3. Mailing Address

300 MT. LEBANON BLVD

JARVI CORPORATION

Suite, Apt., Etc.

Suite 210

City & State

PITTSBURGH, PA

300 MT. LEBANON BLVD.

PITTSBURGH, PA 15234-1507

Zip

15234-1507

Country

US



DO NOT WRITE IN THIS SPACE

FEI Number

59-1296175

Applied For

Not Applicable

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

BLODGETT, GARY R.  
15905 BARNSTORMER  
WELLINGTON FL 33414

\*Name

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

City

FL

Zip Code

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)

**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 PD ☐ Delete  
NAME GARY R. BLODGETT  
STREET ADDRESS 15905 BARNSTORMER COURT  
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME THOMAS R. BLODGETT  
STREET ADDRESS 915 FOURTH STREET  
CITY-ST-ZIP CANONSBURG PA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARBARYKA, STACEY A  
STREET ADDRESS 1553 OBEY STREET  
CITY-ST-ZIP PITTSBURGH PA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TSCD ☐ Delete  
NAME BLODGETT, ELIZABETJ  
STREET ADDRESS 145 JONATHAN DRIVE  
CITY-ST-ZIP MCMURRAY PA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gary R. Blodgett* (GARY R. BLODGETT) 1310 dgt# President 18 Jan 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

412-563-7790

CR2E034 (9/99)