

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90058 027 \*\*\*150.00

**DOCUMENT # 362725**

1. Entity Name  
**JARVI CORP & ASSOCIATES**



Principal Place of Business  
**300 MT. LEBANON BLVD  
210  
PITTSBURGH PA 15234-1507  
US**

Mailing Address  
**300 MT. LEBANON BLVD  
210  
PITTSBURGH PA 15234-1507  
US**

**90007123**



☐ CHECK HERE IF MAKING CHANGES

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 **59-1296175**

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

**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. 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 **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 P.O. BOX 9466**  
CITY-ST-ZIP **SANONSBURG PA TAVERNIER FL**

TITLE ☒ Change ☐ Addition  
NAME **P.O. Box 9466**  
STREET ADDRESS **TAVERNIER, FL**  
CITY-ST-ZIP **33070-9466**

TITLE **VD** ☐ Delete  
NAME **BARBARYKA, STACEY A**  
STREET ADDRESS **399 WOODCLIFF CIRCLE**  
CITY-ST-ZIP **PITTSBURGH PA 15243**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **399 woodcliff circle**  
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

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: **GARY R. BLODGETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16 January 561-718-6413**  
Date **2003** Daytime Phone #

CR2E034 (10/02)