

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004992

1. Entity Name

PERIDOT ENTERPRISES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90209 001 ***150.00

Principal Place of Business

Mailing Address

BOX 10805
 PITTSBURGH PA 15236

PO BOX 10805
 PITTSBURGH PA 15236-0805

2. Principal Place of Business

3. Mailing Address

211 Castle Shannon Blvd 211 Castle Shannon Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Pittsburgh PA
 Zip
 15234 Country
 USA

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 Pittsburgh PA
 Zip
 15234 Country
 USA

4. FEI Number 25-1665054

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

GRAVINA, PETER J
 1833 HENDRY ST
 FORT MYERS FL 33901

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	<input type="checkbox"/> Delete
NAME	LOHR, ROBERT C	
STREET ADDRESS	257 MERION DR	
CITY-ST-ZIP	PITTSBURGH PA 15228	
TITLE	Vice President of Finance	<input type="checkbox"/> Delete
NAME	Patrick M Cahalane	
STREET ADDRESS	274 Parkway Drive	
CITY-ST-ZIP	Pittsburgh PA 15228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	OK OK 291 Orchard Drive OK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 member 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 412 341-4500
 Date Daytime Phone #

CR2E034 (9/99)