

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000999

1. Entity Name

ARIS WEALTH SERVICES, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90148 032 ***550.00

Principal Place of Business

270 WALKER DR.
STATE COLLEGE PA 16801

Mailing Address

270 WALKER DR.
STATE COLLEGE PA 16801-7097

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

25-1724474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VEZZETTI, LEONOR
PENNSYLVANIA FINANCIAL GROUP, INC.
10002 PRINCESS PALM AVE., STE. 340
TAMPA FL 33619

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE NAME	CP GRUGEON, S. TIMOTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	270 WALKER DR.	
CITY-ST-ZIP	STATE COLLEGE PA 16801	
TITLE NAME	DT WEAVER, LISA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	270 WALKER DR.	
CITY-ST-ZIP	STATE COLLEGE PA 16801	
TITLE NAME	DS ERICSON, THOMAS J	<input type="checkbox"/> Delete
STREET ADDRESS	270 WALKER DR.	
CITY-ST-ZIP	STATE COLLEGE PA 16801	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T Battaglia, Jr., John S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	270 Walker Drive	
CITY-ST-ZIP	State College PA 16801	
TITLE NAME	McNichol, Robert E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	270 Walker Drive	
CITY-ST-ZIP	State College PA 16801	
TITLE NAME	Huffer, Mindy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	270 Walker Drive	
CITY-ST-ZIP	State College PA 16801	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 and an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas J. Ericson VP, GEN COUNSEL 6-19-00 (814) 231-3710

CR2EN14 (1/1/01)