

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002274

1. Entity Name

PAGE TIME, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90120 041 \*\*\*150.00

Principal Place of Business

MAIN AT WATER ST  
COUDERSPORT PA 16915  
US

Mailing Address

MAIN AT WATER ST  
COUDERSPORT PA 16915  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

25-1755672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA ST.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	RIGAS, JOHN J	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIGAS, MICHAEL	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	RIGAS, TIMOTHY	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIGAS, JAMES	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	DSV	<input checked="" type="checkbox"/> Delete
NAME	MILLIARD, DANIEL R	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	FISHER, RANDALL D	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 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: *Randall D. Fisher* Randall d. Fisher Vice President / Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/00

(814) 274-9830

Daytime Phone #