

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90085 026 ***150.00

DOCUMENT # V04047

1. Entity Name
ADELPHIA BUSINESS SOLUTIONS OF FLORIDA, INC.



Principal Place of Business
1 NORTH MAIN STREET
COUDERSPORT PA 16915

Mailing Address
1 NORTH MAIN STREET
COUDERSPORT PA 16915
US

2. Principal Place of Business

712 North Main St.

Suite, Apt. #, etc.

3. Mailing Address

712 North Main St.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Coudersport, PA.

Zip

16915

Country

Potter

City & State
Coudersport, PA.

Zip

16915

Country

Potter

4. FEI Number **65-0316615**

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.
1201 HAYS STREET
SUITE 105
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. 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

TITLE **D** ☐ Delete
NAME **RIGAS, JOHN**
STREET ADDRESS **MAIN AT WATER STREET**
CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE **VD** ☐ Delete
NAME **RIGAS, JAMES**
STREET ADDRESS **MAIN AT WATER STREET**
CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE **VD** ☐ Delete
NAME **RIGAS, MICHAEL**
STREET ADDRESS **MAIN AT WATER STREET**
CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE **VD** ☐ Delete
NAME **RIGAS, TIMOTHY**
STREET ADDRESS **MAIN AT WATER STREET**
CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE **PDS** ☐ Delete
NAME **MILLIARD, DANIEL**
STREET ADDRESS **MAIN AT WATER STREET**
CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE **VD** ☐ Delete
NAME **FAJERSKI, PAUL**
STREET ADDRESS **2570 BOYCE PLAZA ROAD**
CITY-ST-ZIP **PITTSBURGH PA**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Robert Guth**
STREET ADDRESS **121 Champion way**
CITY-ST-ZIP **Canonsburg, PA. 15317**

TITLE **VAS** ☒ Change ☐ Addition
NAME **John B. Glicksman**
STREET ADDRESS **Coudersport, PA. 16915**

TITLE **VAS** ☒ Change ☐ Addition
NAME **Edward E. Babcock, JR.**
STREET ADDRESS **Coudersport, PA. 16915**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE OF JOHN B. GLICKSMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Glicksman 1/20/03

814-260-2000

Date

Daytime Phone #

CR2E034 (10/02)