

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91349 042 ***150.00

DOCUMENT # V07356

1. Entity Name
ADELPHIA BUSINESS SOLUTIONS OF JACKSONVILLE, INC

Principal Place of Business
**1 NORTH MAIN ST
 COUDERSPORT PA 16915
 US**

Mailing Address
**1 NORTH MAIN ST
 COUDERSPORT PA 16915
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3116083** Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY (CSC)
 1201 HAYS STREET
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 Delete
 NAME **CD RIGAS, JOHN J**
 STREET ADDRESS **1 NORTH MAIN ST**
 CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST RIGAS, MICHAEL J**
 STREET ADDRESS **1 NORTH MAIN ST**
 CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD RIGAS, JAMES P**
 STREET ADDRESS **1 NORTH MAIN ST**
 CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T RIGAS, TIMOTHY J.**
 STREET ADDRESS **1 NORTH MAIN ST**
 CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD BABCOCK, EDWARD E JR.**
 STREET ADDRESS **1 NORTH MAIN ST**
 CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD GLICKSMAN, JOHN B**
 STREET ADDRESS **1 NORTH MAIN ST.**
 CITY-ST-ZIP **COUDERSPORT PA 16915**

TITLE Change 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: *John B Glicksman* 2/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)