

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-03-2003 90085 025 ***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**



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.

City & State
Coudersport, PA.

4. FEI Number **59-3116083**

Applied For
☐ Not Applicable

Zip
16915

Country
Potter

Zip
16915

Country
Potter

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

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

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

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

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

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

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 **712 N. Main St.**
CITY-ST-ZIP **Coudersport, PA 16915**

TITLE **VAS** ☒ Change ☐ Addition
NAME **Edward E. Babcock, Jr.**
STREET ADDRESS **712 North Main St.**
CITY-ST-ZIP **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

Date

Daytime Phone #

CR2E034 (10/02)