

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 189957

1. Entity Name

PFEIFFER PRINTING CO INC

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90067 004 \*\*\*150.00

Principal Place of Business

301 W. GOVERNMENT ST.  
PENSACOLA FL 32501

Mailing Address

301 W. GOVERNMENT ST.  
PENSACOLA FL 32501

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 767  
Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Zip

Country

Zip

Country

32594

4. FEI Number

59-0859875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, C.F., JR.  
116 W HERNANDEZ ST  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

John R. Pfeiffer

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

811 South "J" Street

City

Pensacola,

FL

Zip Code

32501

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

*John R. Pfeiffer*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

John R. Pfeiffer President

3-13-2001

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, C.F., JR.	
STREET ADDRESS	116 W HERNANDEZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PFEIFFER, ADOLPH F	
STREET ADDRESS	7731 BEECHWOOD DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALKE, EMMA PFEIFFER	
STREET ADDRESS	10235 LILLIAN HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Pfeiffer	
STREET ADDRESS	811 South "J" Street	
CITY-ST-ZIP	Pensacola, FL 32501	
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:

*Emma Pfeiffer Walke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emma Pfeiffer Walke 3-13-2001

850-432-4312

Date

Daytime Phone #

CR2E034 (10/00)