

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90144 029 \*\*\*158.75

**DOCUMENT # 189957**

**1. Entity Name**  
**PFEIFFER PRINTING CO INC**



**Principal Place of Business**  
**301 W. GOVERNMENT ST.**  
**PENSACOLA FL 32501**

**Mailing Address**  
**PO BOX 767**  
**PENSACOLA FL 32594**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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**

**PFEIFFER, JOHN R**  
**811 SOUTH "J" STREET**  
**PENSACOLA FL 32501**

**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** *John R. Pfeiffer*  
Signature, typed or printed name of registered agent and title if applicable.

**John R. Pfeiffer**

**April 8, 2003**

(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** **P** ☐ Delete  
**NAME** **PFEIFFER, JOHN R**  
**STREET ADDRESS** **811 SOUTH "J" STREET**  
**CITY-ST-ZIP** **PENSACOLA FL 32501**

**TITLE** **VP** ☒ Delete  
**NAME** **PFEIFFER, ADOLPH F**  
**STREET ADDRESS** **7731 BEECHWOOD DR**  
**CITY-ST-ZIP** **PENSACOLA FL**

**TITLE** **ST** ☐ Delete  
**NAME** **WALKE, EMMA PFEIFFER**  
**STREET ADDRESS** **10235 LILLIAN HIGHWAY**  
**CITY-ST-ZIP** **PENSACOLA FL**

**TITLE** ☐ Delete  
**NAME** **XXXXXXXXXXXXXX**  
**STREET ADDRESS** **XXXXXXXXXXXXXXXXXX**  
**CITY-ST-ZIP** **XXXXXXXXXXXXXXXXXX**

**TITLE** ☐ Delete  
**NAME** **XXXXXXXXXXXXXXXXXX**  
**STREET ADDRESS** **XXXXXXXXXXXXXXXXXX**  
**CITY-ST-ZIP** **XXXXXXXXXXXXXXXXXX**

**TITLE** ☐ Delete  
**NAME** **XXXXXXXXXXXXXXXXXX**  
**STREET ADDRESS** **XXXXXXXXXXXXXXXXXX**  
**CITY-ST-ZIP** **XXXXXXXXXXXXXXXXXX**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**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** **32506**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Vice President**  
**STREET ADDRESS** **Jennifer Maddox**  
**CITY-ST-ZIP** **3156 Auburn Parkway**  
**Gulf Breeze, FL 32563**

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **Vice President**  
**STREET ADDRESS** **Gretchen Reyes**  
**CITY-ST-ZIP** **7032 Longleaf Creek Drive**  
**Pensacola, FL 32526**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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**

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

**Emma Pfeiffer Walke April 8, 2003**

Date

Daytime Phone #

CR2E034 (10/02)