

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90787 014 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000014473

1. Entity Name
PFAFF, INC

Principal Place of Business
600 SOUTH BARRACKS STREET
201
PENSACOLA FL 32501
US

Mailing Address
600 SOUTH BARRACKS STREET
201
PENSACOLA FL 32501
US

2. Principal Place of Business **CHANGE BOTH TO:**

Suite, Apt. #, etc. **415 S. FLORIDA BLANCA**
 City & State **PENSACOLA, FL.**

Zip **32501** Country **USA** Zip **32501** Country **USA**

4. FEI Number **59-3352125**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PFAFF, SUZAN H
600 SOUTH BARRACKS 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.

SIGNATURE *Suzan Pfaff* **4/15/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 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**

OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PFAFF, SUZAN H 600 SOUTH BARRACKS STREET PENSACOLA FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PERSONAL ADDRESS: 200 Pensacola Bch Rd #B1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Gulf Breeze, FL. 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzan Pfaff* **4/15/02** **850-434-5070**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR300 (9/01)