

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000063607**

1. Entity Name

PCC PRINT SHOP, INC.

Principal Place of Business

Mailing Address

**250 BRENT LANE
PENSACOLA FL 32503****BOX 19100
PENSACOLA FL 32523-9100
US**

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

59-3391231

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORTON, ARLIN R DR
250 BRENT LANE
PENSACOLA FL 32503**

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HORTON, ARLIN R DR	
STREET ADDRESS	250 BRENT LANE	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Dr. Arlin R. Horton	
STREET ADDRESS	250 Brent Lane	
CITY-ST-ZIP	Pensacola, Florida 32503	

TITLE	D	<input type="checkbox"/> Delete
NAME	HORTON, REBEKAH MRS	
STREET ADDRESS	250 BRENT LANE	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Dr. Rebekah Horton	
STREET ADDRESS	250 Brent Lane	
CITY-ST-ZIP	Pensacola, Florida 32503	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICE, BILL III	
STREET ADDRESS	627 BILL RICE RANCH ROAD	
CITY-ST-ZIP	MURFREESBORO TN 37129	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Dr. Bill Rice III	
STREET ADDRESS	627 Bill Rice Ranch Road	
CITY-ST-ZIP	Murfreesboro, Tennessee 37129	

TITLE	D	<input type="checkbox"/> Delete
NAME	LINN, JAMES MR	
STREET ADDRESS	400 BUXTON WAY	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPPELL, ROBERT	
STREET ADDRESS	219 ST CEDD	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Mr. Robert Chappell	
STREET ADDRESS	204 Royal Lane	
CITY-ST-ZIP	Pensacola, Florida 32503	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

(850) 478-8480

Daytime Phone #