

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90109 032 ****61.25

DOCUMENT # N00000006648

1. Entity Name

PHARAOH CONNECTION, INC.

Principal Place of Business

**6547 HARLOW BOULEVARD
 JACKSONVILLE FL 32210**

Mailing Address

**6547 HARLOW BOULEVARD
 JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

3955 Mc Gregor Rd
 Suite, Apt. #, etc.

3955 Mc Gregor Rd
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3674933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MASON, PATTI A
 6547 HARLOW BOULEVARD
 JACKSONVILLE FL 32210**

Name

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

3955 Mc Gregor Rd

City

Jacksonville, FL

FL

Zip Code

32210

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

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **MASON, PATTI A**
 CITY-ST-ZIP **6547 HARLOW BOULEVARD** *changed*
JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
 NAME *3955 Mc Gregor Rd*
 STREET ADDRESS *Jacksonville, FL 32210*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CPTD**
 STREET ADDRESS **ANDERER, MARTHA M**
 CITY-ST-ZIP **11098 JOEL STREET**
JACKSONVILLE FL 32218

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CARDAS, MARY**
 CITY-ST-ZIP **14057 MT. PLEASANT ROAD**
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ANDERER, CHARLES P**
 CITY-ST-ZIP **11098 JOEL STREET**
JACKSONVILLE FL 32218

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE *MARTHA M ANDERER* **SEP 10 2002 9:47:57 AM**

CR2E037 (4/02)