

DOCUMENT # N29484

1. Entity Name

TAMPA PHARAOHS, INC.

P

08-10-2000 90009 028 \*\*\*\*61.25

ADU 14304



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O GEORGE ALLEN DUFOUR. ESO. 4610 CENTRAL AVENUE TAMPA FL 33603	C/O GEORGE ALLEN DUFOUR. ESO. 4610 CENTRAL AVENUE TAMPA FL 33603

2. Principal Place of Business TAMPA PHAROHS INC.		3. Mailing Address	
Suite, Apt. #, etc. PO BOX 684		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33601	Country USA.	Zip	Country

4. FEI Number <b>59-2956609</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

DUFOUR, GEORGE ALLEN ESQ.  
4610 CENTRAL AVENUE  
TAMPA FL 33603

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 _____		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

<p><b>FILE NOW: FEE IS \$61.25</b>  <b>After September 13, 2000 min. will be \$236.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Department of State</b></p>
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10.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUELLER, CHARLES 5710 RIVER TERRACE DR TAMPA FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, ROBERT 11311 NORTH 22ND STREET #223 TAMPA FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOLLMAN, GREGORY 3224 OAKELLAR ST. TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARCOURT, HARRY 722 61ST AVENUE SOUTH ST PETERSBURG FL 33705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD HAWS, JIM R 4722 LAUREL ROAD TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD L. GREGORY DOLLMAN 3224 OAKELLAR AVE. TAMPA FL 33611	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARRY HAMROLL PO BOX 63 CLEARWATER 34617	<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	TD PAUL COX 4027 24TH AVE N. ST PETERSBURG 33713	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD JIM R. HAWS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 all other like empowered

**SIGNATURE:** *L. Gregory Hollman* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)