

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90426 001 ****61.25

DOCUMENT # N29484

1. Entity Name

TAMPA PHAROHS, INC.

Principal Place of Business

P O BOX 684
TAMPA FL 33601

Mailing Address

C/O GEORGE ALLEN DUFOUR. ESQ.
4610 CENTRAL AVENUE
TAMPA FL 33603

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

59-2956609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

FILE NOW:
FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **DOLLMAN, L G**
STREET ADDRESS **3224 OAKELLAR AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VD** ☐ Delete
NAME **HAMRELL, LARRY**
STREET ADDRESS **P.O. BOX 89**
CITY-ST-ZIP **CLEARWATER FL 34617**

TITLE **SD** ☐ Delete
NAME **DOLLMAN, GREGORY**
STREET ADDRESS **3224 OAKELLAR ST.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **TD** ☐ Delete
NAME **COX, PAUL**
STREET ADDRESS **4027 24TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **DD** ☐ Delete
NAME **HAWS, JIM R**
STREET ADDRESS **4722 LAUREL ROAD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **HAMRELL, LARRY**
STREET ADDRESS **P.O. BOX 4196**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **KEEMAN, JERRY**
STREET ADDRESS **5717 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA, FL 33611**

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

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:

SIGNATURE REQUIRED KEEMAN, SECT.

1/13/01

813-839-2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)