

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90647 041 \*\*\*\*61.25

0078440

**DOCUMENT # N29484**

1. Entity Name

**TAMPA PHARAOHS, 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 &amp; State

City &amp; 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 **PO BOX 4196**  
CITY-ST-ZIP **CLEARWATER FL 34617**TITLE **SD** ☒ Delete  
NAME **KEERAN, JERRY**  
STREET ADDRESS **5717 BAYSHORE BLVD**  
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-ZIPTITLE **VD** ☒ Change ☐ Addition  
NAME **Haws, Jim R.**  
STREET ADDRESS **4722 Laurel Road**  
CITY-ST-ZIP **Tampa, Florida 33629**TITLE **SD** ☒ Change ☐ Addition  
NAME **Morton, Daniel H.**  
STREET ADDRESS **9238 N. Hyaleah Road**  
CITY-ST-ZIP **Tampa, Florida 33617**TITLE **TD** ☒ Change ☐ Addition  
NAME **Swierczynski, Lee**  
STREET ADDRESS **2358 Ashmore Drive**  
CITY-ST-ZIP **Clearwater, Florida 33763**TITLE **DD** ☒ Change ☐ Addition  
NAME **Pastan, Herb**  
STREET ADDRESS **12169 145th Street**  
CITY-ST-ZIP **Largo, Florida 33774**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:****Daniel H. Morton** **DANIEL MORTON** **61.25** **21 MAR 02** **2391001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)