

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J89157**

1. Entity Name

**TRANSAMERICAN COMPUTER WHOLESALERS, INC.****FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90001 034 \*\*\*150.00

Principal Place of Business  
**4503 IRVINGTON AVE UNIT 2**  
**JACKSONVILLE FL 32210**Mailing Address  
**4503 IRVINGTON AVE UNIT 2**  
**JACKSONVILLE FL 32210****35075**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2851188</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

**BUNKER, JIU A**  
**4503 IRVINGTON AVE**  
**#2**  
**JACKSONVILLE FL 32210**

## 7. Name and Address of New Registered Agent

Name  
**FRANK CAMARATA**  
Street Address (P.O. Box Number is Not Acceptable)  
**4503 IRVINGTON AVE**  
**#2**  
City **JACKSONVILLE** 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.

SIGNATURE

*Frank E. Camarata*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**4/4/01**

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, 2001 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	<b>DPS</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNKER, JILL ANNE</b>		NAME		
STREET ADDRESS	<b>10557 OLD PLANK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNKER, LOWELL E</b>		NAME		
STREET ADDRESS	<b>10557 OLD PLANK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'AUGUSTINIS, ROBERT</b>		NAME		
STREET ADDRESS	<b>5615 SAN JUAN AVE APT 202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Margaret Camarata</b>		NAME		
STREET ADDRESS	<b>4503 Irvington Ave #2</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>		CITY-ST-ZIP		
TITLE	<b>VS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank Camarata</b>		NAME		
STREET ADDRESS	<b>4503 Irvington Ave #2</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if 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

*Frank E. Camarata***11/30/2001**

Daytime Phone #

CR2E034 (10/00)