

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90363 023 ***150.00

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DOCUMENT # J89157

1. Entity Name
TRANSAMERICAN COMPUTER WHOLESALERS, INC.



Principal Place of Business
4503 IRVINGTON AVE UNIT 2
JACKSONVILLE FL 32210

Mailing Address
4503 IRVINGTON AVE UNIT 2
JACKSONVILLE FL 32210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-2851188

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

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

Name

FRANK CAMARATA

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

4495-403 ROOSEVELT BLVD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John E. Camarata

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CAMARATA, MARGARET
STREET ADDRESS 4503 IRVINGTON AV 2
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE VS
NAME CAMARATA, FRANK
STREET ADDRESS 4503 IRVINGTON AV 2
CITY-ST-ZIP JACKSONVILLE FL 32210

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☐ 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 607, 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:

John E. Camarata

4/16/03

CR2E034 (10/02)