

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-16-2003 90279 025 ***150.00

DOCUMENT # P02000081070

1. Entity Name
RAM MICRO INDUSTRIES, INC.



Principal Place of Business
8570 PHILLIPS HWY.
SUITE 115
JACKSONVILLE FL 32256

Mailing Address
8570 PHILLIPS HWY.
SUITE 115
JACKSONVILLE FL 32256



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CASTEEL, JAMES E
8570 PHILLIPS HWY.
SUITE 115
JACKSONVILLE FL 32256

4. FEI Number
20-0010610

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

SIGNATURE _____ (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 ☐ **\$5.00 (May Be Added to Fees)**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/11/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, THAD C 4956 TULIP GROVE LANE NASHVILLE TN 37078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, TRAVIS E 3401 CHOKEBERRY CT. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTEEL, JAMES E 5734 MANNING CEMETERY ROAD JACKSONVILLE FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 607, Florida Statutes; and that my name appears in Block 10 or Block 11.

SIGNATURE: *[Signature]* **APPROVED** *[Signature]* **APR 14 2003 884-732-7596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)

Attachment
DOC # P02000008 1570
88036449

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.		EIN 20-0010610 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Ram Micro Industries Inc					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 8570 Phillips Hwy Suite 115			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Jacksonville FL 32256			5b City, state, and ZIP code		
6* County and state where principal business is located County Duval State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor THAD C GUERRA			7b* SSN, ITIN, EIN 595-22-6918		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) P02000081070 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN)		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) wholesale computers <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Banking purpose (specify purpose) <input type="checkbox"/> Changed type of organization (specify new type) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) <input type="checkbox"/> Created a pension plan (specify type)		
10* Date business started or acquired (month, day, year) AUG 1 2002			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0"				Agriculture	Household
				Other	0
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided Computer systems and parts					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name Trade name					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			Designee's fax number (include area code)	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	
Signature Not Required Date May 01, 2003 GMT				Applicant's fax number (include area code)	