

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90008 041 ***150.00

0631316

DOCUMENT # P99000069903

1. Entity Name

RAM MICRO DISTRIBUTORS, INC.

Principal Place of Business

**1050 ALORN DR
 NASHVILLE TN 37210**

Mailing Address

**1050 ALORN DR
 NASHVILLE TN 37210**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8570 Phillips Hwy

Suite 115

Jacksonville, FL

32256



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3592224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GUERRA, TRAVIS E
 3401 CHOKEBERRY CT.
 JACKSONVILLE FL 32256**

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

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

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **GUERRA, TRAVIS E**
 CITY-ST-ZIP **3401 CHOKEBERRY CT.
 JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAILEY, NEVA**
 CITY-ST-ZIP **513 WEST MAIN ST
 WILKESBORO NC 28697**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CASTEEL, JAMES**
 CITY-ST-ZIP **11333 LANDING ESTATE DR
 JACKSONVILLE FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

James E. Casteel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 904-732-7596

CR2E034 (10/00)