

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90223 037 ***150.00

DOCUMENT # P99000069903

1. Entity Name
RAM MICRO DISTRIBUTORS, INC.

Principal Place of Business

**1050 ALORN DR
 NASHVILLE TN 37210**

Mailing Address

**8570 PHILLIPS HWY
 SUITE 115
 JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3592224

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

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

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ~~THAD C. GUERRA~~ ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE PSTD ☐ Change ☒ Addition
NAME ~~THAD C. GUERRA~~
STREET ADDRESS 919 GAILYN - MARIE DR.
CITY-ST-ZIP MT JULIET, TN 37122

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

TITLE PID ☐ Change ☒ Addition
NAME DARLENE GUERRA
STREET ADDRESS 919 GAILYN - MARIE DR
CITY-ST-ZIP MT JULIET, TN 37122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VID ☐ Change ☒ Addition
NAME THAD C GUERRA
STREET ADDRESS 919 GAILYN - MARIE DR
CITY-ST-ZIP MT JULIET, TN 37122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)