

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM  
-A-

**DOCUMENT # L96000001332**  
 1. Entity Name  
**KRATER & ASSOCIATES LLC**

**FILED**  
**01 MAR 30 AM 9:49**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE **MJH**

Principal Place of Business      Mailing Address  
 1109 DEL PRADO      1109 DEL PRADO  
 STE 15      STE 15  
 CAPE CORAL FL 33990      CAPE CORAL FL 33990

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0726889**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
~~MCMANUS, JAMES B~~  
 1109 DEL PARADO BLVD.  
 CAPE CORAL FL 33990

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

500003946445-2  
 -04/13/01--01028--012  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCMANUS, JAMES B 1109 DEL PRADO BLVD. CAPE CORAL FL 33990</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WOODROW, BARRY 11851 ISLAND AVENUE MATLACHA FL 33993</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Gail Perkins 1851 Viscaya</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Gail Perkins 1851 Viscaya Pkwy Cape Coral FL 33990</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]*      **3/4/01**      **841-574-1040**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)