

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90105 002 \*\*\*150.00  
01-10-2001 90105 001 \*\*\*\*\*8.75

**DOCUMENT # S68314**

1. Entity Name  
**JD COMMUNIKATERS, INC.**

Principal Place of Business  
**25 2ND ST N  
120  
ST. PETERSBURG FL 33701**

Mailing Address  
**PO BOX 58142  
ST. PETERSBURG FL 33715-8142**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3077656**

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

**KATER, GUILFORD C.  
5279 ISLA KEY BLVD.  
SUITE 110  
ST. PETERSBURG FL 33715**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KATER, GUILFORD C.  
5279 ISLA KEY BLVD, #110  
ST. PETERSBURG FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**33715-1656**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
KATER, JOYCE A.  
5279 ISLA KEY BLVD, #110  
ST. PETERSBURG FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**33715-1656**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EV  
SWANSON, EDWIN  
936 CEDAR LANE  
NORTHBOOK IL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**60062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BYRNE, KENNETH  
2350 DEVIL'S BACKBONE ROAD  
CINCINNATI OH**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**45233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SWANSON, BARBARA  
936 CEDAR LANE  
NORTHBROOK IL 60062**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KATER, G C  
5636 EAST BOLLRNE DR  
SPRINGFIELD VA 22151**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**D  
G. CHRISTOPHER (KATER)  
5636 EASTBOURNE DR  
SPRINGFIELD, VA 22151**

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: Guilford C. Kater Guilford C. KATER 1-03-2001 727-823-9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)