

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90129 047 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3077656**

Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **KATER, GUILFORD C.**
 STREET ADDRESS **5279 ISLA KEY BLVD, #110**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715-1656**

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

TITLE **VT** ☐ Delete
 NAME **KATER, JOYCE A.**
 STREET ADDRESS **5279 ISLA KEY BLVD, #110**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715-1656**

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

TITLE **EV** ☐ Delete
 NAME **SWANSON, EDWIN**
 STREET ADDRESS **936 CEDAR LANE**
 CITY-ST-ZIP **NORTHBROOK IL 60062**

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

TITLE **S** ☐ Delete
 NAME **BYRNE, KENNETH**
 STREET ADDRESS **2350 DEVIL'S BACKBONE ROAD**
 CITY-ST-ZIP **CINCINNATI OH 45233**

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

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

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

TITLE **D** ☐ Delete
 NAME **CHRISTOPHER KATER, G**
 STREET ADDRESS **5636 EAST BOLLERNE DR** ✓
 CITY-ST-ZIP **SPRINGFIELD VA 22151**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5636 EASTBOLLERNE DRIVE**
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02 **(727) 823-9595**
 Date Daytime Phone

CP2E034 (9/01)