

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90741 001 *****8.75
01-13-2003 90741 002 ***150.00

DOCUMENT # S68314

1. Entity Name
JD COMMUNIKATERS, INC.



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

Mailing Address
**25 2ND ST N
SUITE 120
ST. PETERSBURG FL 33701**

55000800



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KATER, GUILFORD C.	
STREET ADDRESS	5279 ISLA KEY BLVD, #110	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715-1656	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KATER, JOYCE A.	
STREET ADDRESS	5279 ISLA KEY BLVD, #110	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715-1656	
TITLE	EV	<input type="checkbox"/> Delete
NAME	SWANSON, EDWIN	
STREET ADDRESS	936 CEDAR LANE	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	S	<input type="checkbox"/> Delete
NAME	BYRNE, KENNETH	
STREET ADDRESS	2350 DEVIL'S BACKBONE ROAD	
CITY-ST-ZIP	CINCINNATI OH 45233	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANSON, BARBARA	
STREET ADDRESS	936 CEDAR LANE	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTOPHER KATER, G	
STREET ADDRESS	5636 EASTBOURNE DR	
CITY-ST-ZIP	SPRINGFIELD VA 22151	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

1-9-03 (11) 823-9595

Date

Daytime Phone #

CR2E034 (10/02)