

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90157 015 ****50.00

DOCUMENT # L00000000823

1. Entity Name

ITERA CIS LLC



Principal Place of Business

Mailing Address

**3. JOHN KENNEDY STR.
STEFEL COURT, STE #51
LIMASSOL, CY-3608**

**10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 400
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**9995 Gate Parkway
Suite 400
JACKSONVILLE, FL
32246 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0228788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOEGLER, STEVEN C ESQ.
10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 400
JACKSONVILLE FL 32256**

Name

Steven C. Koehler

Street Address (P.O. Box Number is Not Acceptable)

9995 GATE PARKWAY

Suite 400

City

JACKSONVILLE

FL

Zip Code

32246

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
MARAKOV, IGOR V
10151 DEERWOOD PARK BLVD BLDG 100 STE 400
JACKSONVILLE FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9995 Gate Parkway, Suite 400
Jacksonville, FL 32246**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEBER, URS
61 GOETHESTRASSE
ST GALLEN CH-9008 SWITZERLAN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PIANYKH, YURI
STEFEL COURT, SUITE 31
LIMASSOL, CYPRUS**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VOROBYOV, SERGEY
STEFEL COURT, SUITE 31
LIMASSOL, CYPRUS**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KOEGLER, STEVEN C
10151 DEERWOOD PK BLVD BLDG 100 STE 410
JACKSONVILLE FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9995 Gate Parkway, Ste 400
Jacksonville, FL 32246**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar. 31 19 03 (904) 996-8800

Date Daytime Phone #

CR2E083 (10/02)