

# 2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

**DOCUMENT #**

L00000002931

1. Entity Name

ITERA ELECTRICAL DEVELOPMENT LLC

Principal Place of Business

10151 Deerwood Park Blvd.  
Building 100, Suite 410  
Jacksonville, FL 32256

Mailing Address

10151 Deerwood Park Blvd. 01  
Building 100, Suite 410  
Jacksonville, FL 32256**FILED**

JUN 28 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Koegler, Steven C.  
10151 Deerwood Park Blvd.  
Building 100, Suite 410  
Jacksonville, FL 32256

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

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 Department of State**600004476746--9  
-07/16/01--01023--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME	Mgr Mbr Merco Services Ltd.	<input type="checkbox"/> Delete
STREET ADDRESS	199 Archi Makarios VIII Ave.	
CITY-STATE-ZIP	P.O. Box 613, Limassol	
TITLE NAME	Cyprus CY-3608	<input type="checkbox"/> Delete
STREET ADDRESS	Mgr Mbr Lemar Industries Corp.	
CITY-STATE-ZIP	RG Hodge Plaza, 2nd Floor	
TITLE NAME	Road Town, Tortola B.V.I.	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS / CHANGES

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

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: 

Steven C. Koegler

904-966-8800

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

Date

Daytime Phone #