

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90150 032 \*\*\*\*50.00

**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.  
BUILDING 100, SUITE 410  
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 410  
JACKSONVILLE FL 32256**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM** ☐ Delete  
STREET ADDRESS **MERCO SERVICES LTD**  
CITY-ST-ZIP **199 ARCH MAKARIOS III AVE**  
**LIMA SS01 CYPRUS CY 3608**

TITLE NAME **Mgr. Merco Services Ltd.** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **MGRM** ☒ Delete  
STREET ADDRESS **LAMAR INDUSTRIES CORP**  
CITY-ST-ZIP **RG HODGE PLAZA, 2ND FL**  
**ROAD TOWN, TORTOLA B.V.I.**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**4/3/02 904-996-8800**

CR2E083 (9/01)