

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90382 009 \*\*\*\*50.00

**DOCUMENT # L00000010635**

1. Entity Name

**ORANGE AIRWAYS, L.L.C.**

Principal Place of Business

~~100 CESSNA BLVD., UNIT #1~~  
~~DAYTONA BEACH FL 32124~~

Mailing Address

~~100 CESSNA BLVD., UNIT #1~~  
~~DAYTONA BEACH FL 32124~~

2. Principal Place of Business

**10151 Deerwood Pk Blvd.**

3. Mailing Address

**10151 Deerwood Pk Blvd**

Suite, Apt. #, etc.

**Bldg. 100, Ste 410**

Suite, Apt. #, etc.

**Bldg. 100, Ste 410**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

Zip

Country

**32256**

Zip

Country

**32256**

6. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C ESQ**  
**10151 DEERWOOD PARK BLVD**  
**BLDG 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!!! FEES \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **M** ☒ Delete  
NAME **ITERA INT'L ENERGY CORP.**  
STREET ADDRESS **10151 DEER WOOD PARK BLVD B-100 STE 410**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **M** ☒ Delete  
NAME **INT'L AVIATION MANAGEMENT GROUP INC**  
STREET ADDRESS **100 SPRUCE CREEK BLVD STE I**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **DPST** ☒ Change ☐ Addition  
NAME **Steven C. Koeqler**  
STREET ADDRESS **10151 Deerwood Pk Blvd, B-100, S. 410**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **Seth Young**  
STREET ADDRESS **227 Standish Dr.**  
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **DVP** ☐ Change ☐ Addition  
NAME **Paul Terhes**  
STREET ADDRESS **311 Shaw Rd.**  
CITY-ST-ZIP **Ridley Park, PA 19078**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:**  **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)