

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-04-2003 90076 017 \*\*\*150.00

**DOCUMENT # P00000026843**

1. Entity Name  
**ITERA PROMOTIONS, INC.**



Principal Place of Business

~~10151 DEERWOOD PARK BLVD~~  
~~BLDG 100 S#410~~  
~~JACKSONVILLE FL 32256~~

Mailing Address

~~10151 DEERWOOD PARK BLVD~~  
~~BLDG 100 S#410~~  
~~JACKSONVILLE FL 32256~~

2. Principal Place of Business

**9995 Gate Parkway**

Suite, Apt. #, etc.  
**Suite 400**

3. Mailing Address

**9995 Gate Parkway**

Suite, Apt. #, etc.  
**Suite 400**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3632407**

Applied For

Not Applicable

Zip

**32246**

Country

**USA**

Zip

**32246**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF-MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C**

~~10151 DEERWOOD PARK BLVD~~

~~BLDG 100 STE 410~~

~~JACKSONVILLE FL 32256~~

7. Name and Address of New Registered Agent

Name

**Steven C. Koegler**

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 \$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

TITLE **P** ☐ Delete  
NAME **KOEGLER, STEVEN C**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD BLDG 100, STE 410**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Koegler, Steven C**  
STREET ADDRESS **9995 Gate Parkway, Ste 400**  
CITY-ST-ZIP **Jacksonville, FL 32246**

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Bres.

2/19/03

904-996-8800

Date

Daytime Phone #

CR2E034 (10/02)