

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016602

i. Entity Name

EDA INVESTMENT CORPORATION

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90034 002 \*\*\*150.00

Principal Place of Business

505 DELTONA BLVD  
SUITE 104  
DELTONA FL 32725

Mailing Address

505 DELTONA BLVD  
SUITE 104  
DELTONA FL 32725-8069  
US

00000140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3168420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADE, ELEANOR B  
202 PLUMOSA RD  
DEBARY FL 32713

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PD ADE, RONALD J.	<input type="checkbox"/> Delete
STREET ADDRESS	8511 SERENATA DR	
CITY-ST-ZIP	WHITTIER CA	
TITLE NAME	TD SHALET, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	505 DELTONA BLVD STE 104	
CITY-ST-ZIP	DELTONA FL	
TITLE NAME	D LINDA STAMPFLI	<input type="checkbox"/> Delete
STREET ADDRESS	12738 S GROSHONG RD	
CITY-ST-ZIP	MOLALLA OR	
TITLE NAME	VD ADE, ELEANOR B	<input type="checkbox"/> Delete
STREET ADDRESS	202 PLUMOSA RD	
CITY-ST-ZIP	DEBARY FL	
TITLE NAME	S HAMPTON, MARCIE S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2355 S RIDGEWOOD AVE	
CITY-ST-ZIP	D DAYTONA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	5 Caryl Shalett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	505 Deltona Blvd STE 104	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)