2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016602

Country

SIGNATURE Signature, typed or printed name of registered agent and title it applicable.

9. This corporation is eligible to satisfy its Intangible

ADE, RONALD J.:

WHITTIER CA

DELTONA FL

MOLALLA OR

DEBARY FL

D DAYTONA FL

LINDA STAMPFLI 12738 \$ GROSHONG RD

ADE, ELEANOR B

202 PLUMOSA RD

HAMPTON, MARCIE S

2355 S RIDGEWOOD AVE

8511 SERENATA DR

SHALETT, CHARLES

505 DELTONA BLVD STE 104

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ADE, ELEANOR B

202 PLUMOSA RD DEBARY FL 32713

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

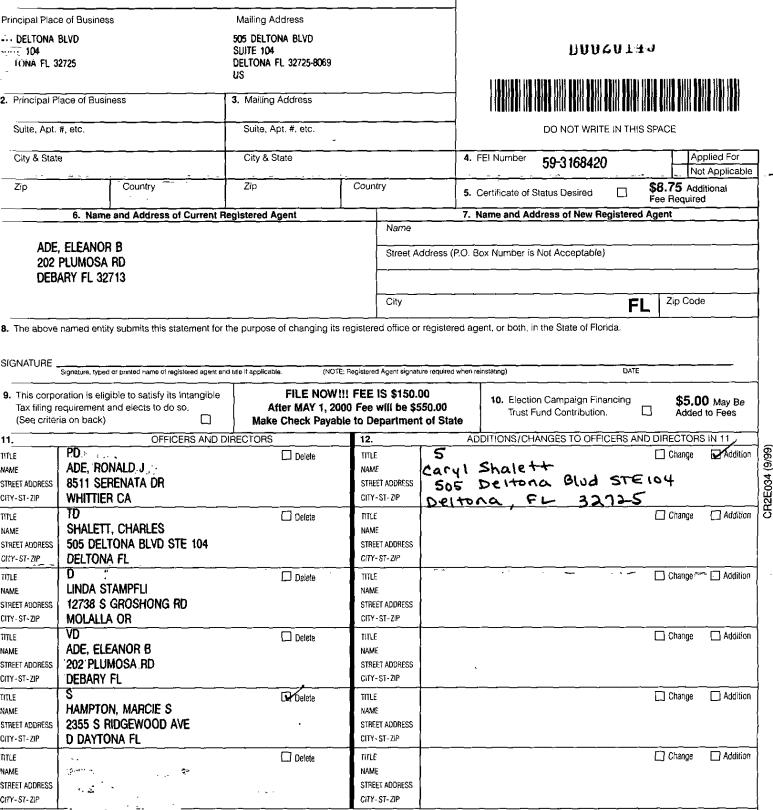
Zip

EDA INVESTMENT CORPORATION

Principal Place of Business	Mailing Address	
104 100 FL 32725	505 DELTONA BLVD SUITE 104 DELTONA FL 32725-8069 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
and the second second		

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

02-14-2000 90034 002 ***150.00



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 at other like empowered.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Defete

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Name

City

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #