

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90195 027 ***150.00

DOCUMENT # P93000016602

1. Entity Name

EDA INVESTMENT CORPORATION

Principal Place of Business

**505 DELTONA BLVD
SUITE 104
DELTONA FL 32725
US**

Mailing Address

**505 DELTONA BLVD
SUITE 104
DELTONA FL 32763
US**

2. Principal Place of Business

202 PLUMOSA RD.

3. Mailing Address

202 PLUMOSA RD.

Suite, Apt. #, etc.

DEBARY, FL

Suite, Apt. #, etc.

DEBARY, FL

City & State

32713 US

City & State

32713 US

Zip

Country

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, 2001 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 **PD** ☐ Delete
NAME **ADE, RONALD J**
STREET ADDRESS **8511 SERENATA DR**
CITY-ST-ZIP **WHITTIER CA**

TITLE **TD** ☒ Delete
NAME **SHALET, CHARLES**
STREET ADDRESS **505 DELTONA BLVD STE 104**
CITY-ST-ZIP **DELTONA FL**

TITLE **D** ☐ Delete
NAME **LINDA STAMPELI**
STREET ADDRESS **12738 S GROSHONG RD**
CITY-ST-ZIP **MOLALLA OR**

TITLE **VD** ☐ Delete
NAME **ADE, ELEANOR B**
STREET ADDRESS **202 PLUMOSA RD**
CITY-ST-ZIP **DEBARY FL**

TITLE **S** ☒ Delete
NAME **SHALET, CARYL**
STREET ADDRESS **505 DELTONA BLVD STE 104**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE: Eleanor B. Ade ELEANOR B. ADE

1-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

047476