

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086443

1. Entity Name

EDG INVESTMENT COMPANY

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90057 034 \*\*\*150.00

Principal Place of Business

Mailing Address

4800-126TH AVENUE NORTH  
CLEARWATER FL 33762

4800-126TH AVENUE NORTH  
CLEARWATER FL 33762-4709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3600441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~STEPHENSON, RONALD L.~~  
~~200 CENTRAL AVENUE SUITE 2300~~  
~~ST PETERSBURG FL 33701~~

Name

Ronald L. Stephenson

Street Address (P.O. Box Number is Not Acceptable)

4800 - 126th Avenue North

City

Clearwater,

FL

Zip Code  
33762

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

*Ronald L. Stephenson*

Ronald L. Stephenson

04/26/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COLANGELO, ERIC	
STREET ADDRESS	4800-126TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLANGELO, DAVID	
STREET ADDRESS	4800-126TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLANGELO, GLENN	
STREET ADDRESS	4800-126TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Colangelo	
STREET ADDRESS	4695 Waterford Circle NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Colangelo	
STREET ADDRESS	4800 - 126th Avenue North	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Colangelo	
STREET ADDRESS	4800 - 126th Avenue North	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*David Colangelo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

4/26/2000

727-572-8443

Date

Daytime Phone #

CR2E034 (9/99)