

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 639046**

1. Entity Name

PALM BEACH CRYOPHYSICS, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90017 009 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2786
W PALM BCH FL 33402
USP.O. BOX 2786
W PALM BCH FL 33402
US

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 **59-2120516**Applied For
Not Applicable5. 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

JOHNS, DOUGLAS A.
220 ORANGE TREE DR.
ATLANTIS FL 33462

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 State10. 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 DV ☒ Delete
NAME JOHNS, DOUGLAS A.
STREET ADDRESS 220 ORANGE TREE DR.
CITY-ST-ZIP ATLANTIS FL 33462TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VT ☒ Delete
NAME JOHNS, MARGARET G
STREET ADDRESS 1618 WOODS BEND
CITY-ST-ZIP W. PALM BEACH FL 33406TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DP ☐ Delete
NAME STREETE, MATTHEW P
STREET ADDRESS 1 ROSEBANK STREET
CITY-ST-ZIP DARLINGHURST, SYDNEY, AUSTRAL NSW 2016TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VS ☐ Delete
NAME VOLKER, M.E.
STREET ADDRESS 1795 N. CONGRESS AVENUE
CITY-ST-ZIP W. PALM BEACH FL 33401TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Matthew Strete, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 561-844-0331

Date

Daytime Phone #

CR2E034 (10/00)