

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020289

1. Entity Name

DSP CRYOGENICS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90610 047 ***163.75

Principal Place of Business

Mailing Address

2735 7TH AVE NORTH
ST PETERSBURG FL 33713

2735 7TH AVE NORTH
ST PETERSBURG FL 33771-4551

2. Principal Place of Business

7500 Ulmerton Road

3. Mailing Address

7500 Ulmerton Rd.

Suite, Apt. #, etc.

Suite 27

Suite, Apt. #, etc.

Suite 27

City & State

LARGO FL

City & State

LARGO FL

Zip

33771

Country

USA

Zip

33771

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3559405

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONFORT, EDWARD R
2735 7TH AVE NORTH
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name
Edward R Monfort

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

1515 Kurt Lane

City

Clearwater

FL

Zip Code

33764

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

4-24-00

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
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

727-530-3955