

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020289

1. Entity Name
DSP CRYOGENICS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90090 027 ***150.00

Principal Place of Business
7500 ULMERTEN RD
LARGO FL 33771

Mailing Address
7500 ULMERTEN RD
LARGO FL 33771

UUUU6374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7500 Ulmerton Rd
Suite, Apt. #, etc.
Suite 27
City & State
Largo FL

3. Mailing Address
7500 Ulmerton Rd
Suite, Apt. #, etc.
Suite 27
City & State
Largo FL

4. FEI Number 59-3559405
Applied For
Not Applicable

Zip 33771 Country USA
Zip 33771 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONFORT, EDWARD R
1515 KURT LANE
CLEARWATER FL 33764

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 P
NAME MONFORT, EDWARD R
STREET ADDRESS 1515 KURT LANE
CITY-ST-ZIP CLEARWATER FL 33764
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE S
NAME Dawn Monfort
STREET ADDRESS 1515 KURT LN
CITY-ST-ZIP CLEARWATER FL 33764
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: Dawn Monfort Dawn Monfort
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/9/01 Daytime Phone # 727-530-3955

0372822

CR2E034 (10/00)