

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90015 001 ***150.00

DOCUMENT # P99000020289

1. Entity Name
DSP CRYOGENICS, INC.

Principal Place of Business

**7500 ULMERTEN RD
 STE 27
 LARGO FL 33771**

Mailing Address

**7500 ULMERTEN RD
 STE 27
 LARGO FL 33771**

2. Principal Place of Business

1717 Overbrook Dr
 Suite, Apt. #, etc.

3. Mailing Address

36181 Eastlake Rd
 Suite, Apt. #, etc.
#141

City & State

Clearwater FL

City & State

Palm Harbor FL

Zip

33777

Country

USA

Zip

34685

Country

USA

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 **Edward R Monfort**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/02

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, 2002 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** ☐ Delete
 NAME **MONFORT, EDWARD R**
 STREET ADDRESS **1515 KURT LANE**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **S** ☐ Delete
 NAME **MONFORT, DAWN**
 STREET ADDRESS **1515 KURT LANE**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Edward R Monfort**
 STREET ADDRESS **36181 Eastlake Rd #141**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **S** ☒ Change ☐ Addition
 NAME **Dawn Monfort**
 STREET ADDRESS **36181 Eastlake Rd #141**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

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

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

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

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: **Edward R Monfort**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R Monfort **2/21/02** **727-424-0001**
 Date Daytime Phone #

CR2E034 (9/01)