2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

2. Principal Place of Business
30181 EOSHO

1717 OVERBROOK DR.

Suite, Apt, #, etc.

LARGO FL 33777

P9900020289

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

36181 EASTLAKE RD.

PALM HARBOR FL 34685

1. Entity Name

DSP CRYOGENICS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90247 007 ***150.00

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CHECK HERE IF MAKING CHANGES

# 141						MI CHECK HERE IF WAKING CHANGES					
Dal N		City & State			4. 1	FEI Number	9-3559405		-	oplied For ot Applicable	
3408	34U85 Pinclas Zip			try	5. (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							
					Name						
MONFORT, EDWARD R											
1515 KURT LANE				Street Address (P.O. Box Number is Not Acceptable)							
CLEARWA	ATER FL 33764										
				City		W-74		FL	Zip Code	e	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing	its registere	ed office or	registered age	ent, or both, in	he State of Florida.	I am fami	liar with,	and accept	
, P	ions of registered agent.		_								
SIGNATURE Sch Ch Edward Monfort											
	Signature, typed or printed name of registered agent an	d title if applicable. (I	NOTE: Registere		re required when re			DATE		 	
F	ILE NOW!!! FEE IS \$150.00	1									
After May 1, 2003 Fee will be \$550.00							Campaign Financin	-	\$5.0	0 May Be	
	Payable to Florida Department of			Trust Fu	nd Contribution.		Added	to Fees			
					AD.	DITIONE (CHAI	UCCO TO OFFICER	D AND DIE	DECTOR	<u> </u>	
TITLE	P		11.			DITIONS/CHAI	NGES TO OFFICERS				
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STREET ADDRESS	36151 EASTLAKE RD. #141		NAMI		CONFO	ict Edn	ard Rd # 141				
CITY-ST-ZIP	PALM HARBOR FL 34685			ET ADDRESS ST-ZIP	30181 6	us lake	150 # 141				
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	ertify that the information supplied with th	nis filing does not qualify			od in Contine 1	10.07/2\/3\ E1-	ida Ctatut = 1.5 · · ·		· 		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SACURATE QUIDENO OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2)20/03

727-5-33955

R2E034 (10/02)