

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90247 007 ***150.00

DOCUMENT # P99000020289

1. Entity Name
DSP CRYOGENICS, INC.



Principal Place of Business
**1717 OVERBROOK DR.
LARGO FL 33777
US**

Mailing Address
**36181 EASTLAKE RD.
#141
PALM HARBOR FL 34685
US**

00010144



2. Principal Place of Business

36181 Eastlake Rd

3. Mailing Address

Suite, Apt. #, etc.
#141

Suite, Apt. #, etc.

#141

City & State
Palm Harbor FL

City & State

4. FEI Number **59-3559405**

Applied For

Not Applicable

Zip **34685** Country **Pineellas**

Zip Country

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

**MONFORT, EDWARD R
1515 KURT LANE
CLEARWATER FL 33764**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Edward Monfort

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MONFORT, EDWARD R**
STREET ADDRESS **36151 EASTLAKE RD. #141**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **S** ☐ Delete
NAME **MONFORT, DAWN**
STREET ADDRESS **36181 EASTLAKE RD., #141**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

[Signature] **EDWARD R MONFORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 727-5303955

Date

Daytime Phone #

CR2E034 (10/02)