20 1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900053865

Suite, Apt. #, etc.

CRUZ, JOHNNY

City & State

Zip

SOUTHEAST CRYOGENIC SERVICES, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 333 NORTH FAULKENBURG ROAD. SUITE B-233 333 NORTH FAULKENBURG ROAD. SUITE B-233 TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address

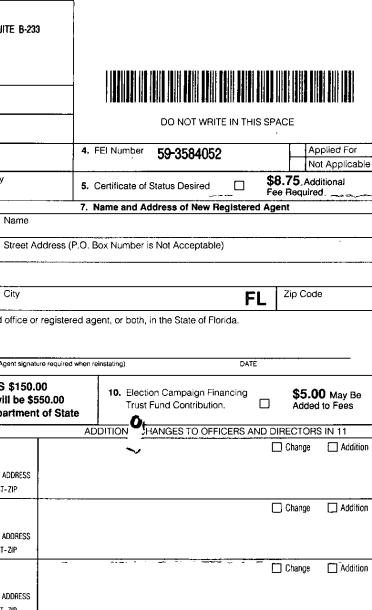
Suite, Apt. #, etc.

City & State

Zip

FILED Jan 31, 2001 8:00 am Secretary of State

01-31-2001 90280 003 ***150.00



333 NORTH FAULKENBURG ROAD, SUITE B-233			·	<u>, </u>		
FA FE 33019		City		FL	Zip Code)
e named entity submits this statement for the	e purpose of changing its regis	stered office or register	ed agent, or both, in the State of Flo	orida.	I	
Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE: Regis	stered Agent signature required	when reinstating)	DATE		
Tax filing requirement and elects to do so After MAY 1, 2001		ee will be \$550.00	Trust Fund Contributio			D May Be to Fees
OFFICERS AND DIR	ECTORS	12.	ADDITION CHANGES TO OFF	IÇERS AND D	IRECTORS	IN 11
D CRUZ, JOHNNY 333 NORTH FAULKENBURG ROAD, TAMPA FL 33619	SUITE B-233	NAME STREET ADDRESS	~		☐ Change	Addition
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	5a	NAME Street address	Albert Commen	_ [_ Change	Addition
	1	NAME STREET ADDRESS	•	[Change	Addition
		NAME STREET ADDRESS		[Change	Addition
		NAME Street address City-St-Zip			_ v	☐ Addition
	PA FL 33619 Signature, typed or printed name of registered agent and tile oration is eligible to satisfy its Intangible requirement and elects to do so. (FICERS AND DIR DCRUZ, JOHNNY 333 NORTH FAULKENBURG ROAD, TAMPA FL 33619	PA FL 33619 In a manufacture, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent agent and title if applicable. (NOTE: Registered agent agent agent agent and title if applicable. (NOTE: Registered agent agen	PA FL 33619 City In armed entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP	PA FL 33619 c named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fice of Progressian Signature, typed or protect agent and title if applicable. Signature, typed or protect agent and title if applicable. (NOTE: Registered office or registered agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agent, or both, in the State of Fice or registered agent agen	PA FL 33619 City FL a named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or prieted name of registered agent and table if applicable. (NOTE: Registered Agent segnature required when reinstating) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP	PA FL 33619 City FL Zip Code a named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, hyped or printed name of registered agent and tille if applicable. In the State of Florida. In the State of Florida.

Country

Name

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, Fig. 3a 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:

F SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #