

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 007 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000096330

1. Entity Name **CRYOPEGASUS CORPORATION**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
305 NORTH DRIVE

3. Mailing Address
305 NORTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number
59-3628114

Applied For
Not Applicable

Zip
32934

Country
BREVARD

Zip
32934

Country
BREVARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HEALEY, PATRICK F. ESQ**

Street Address (P.O. Box Number is Not Acceptable)

1499 S. HARBOR CITY BLVD., STE 201

City **MELBOURNE**

FL Zip Code
32901

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PC
WITT, TERENCE R.
2900 RIVERSIDE DRIVE
INDIALANTIG, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VTS
WITT, DONNA J.
2555 WRIGHT AVE.,
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA J. WITT 04/02/02 321/253-5693

Date

Daytime Phone #

CR2E034B (12/01)