

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026249

Entity Name: USPT, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10 PERRIWINKLE CIRCLE  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

10 PERRIWINKLE CIRCLE  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 45-1291198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTWRIGHT, THOMAS  
10 PERRIWINKLE CIRCLE  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARTWRIGHT, THOMAS  
Address: 10 PERRIWINKLE CIRCLE  
City-St-Zip: STUART, FL 34996

Title: VP  
Name: CARTWRIGHT, ANNA  
Address: 10 PERRIWINKLE CIRCLE  
City-St-Zip: STUART, FL 34996

Title: S  
Name: CARTWRIGHT, ANNA  
Address: 10 PERRIWINKLE CIRCLE  
City-St-Zip: STUART, FL 34996

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNA CARTWRIGHT

VP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date