## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P96000071761 1. Entity Name AUPT, INC. Principal Place of Business Mailing Address 4990 - 34TH STREET NORTH 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714 ST. PETERSBURG, FL 33714 DO NOT WRITE IN THIS SPACE

**FILED** Jan 20, 2004 08:00 AM **Secretary of State** 



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3400507

Applied : Not Appli

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, THAKOR M 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714

## DO NOT WRITE IN THIS SPACE

				** *		
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with	, and ac
SIGNATURE	Signature, typed or printed name of registered agent and title	If applicable. (NOTE, Registered A	jent signature	required when reinstating)	DATE	•• · · ·
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.	)g 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, THAKOR M 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714					
TITLE NAME STREET ADDRESS	STD PATEL, PRATIBHALATA T 4990 - 34TH STREET NORTH			01	U00000007979 /20/04-80043-018 150.00	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714					
THILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				IN .	THIS SPACE	Ŧ . <u>-</u> .
TITLE 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 direct 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 or changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP