

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000071761

1. Entity Name
AUPT, INC.



Principal Place of Business
4990 - 34TH STREET NORTH
ST. PETERSBURG, FL 33714

Mailing Address
4990 - 34TH STREET NORTH
ST. PETERSBURG, FL 33714



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3400507

Applied For
Not Applicable

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 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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, THAKOR M
STREET ADDRESS 4990 - 34TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33714

TITLE STD
NAME PATEL, PRATIBHALATA T
STREET ADDRESS 4990 - 34TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33714

TITLE
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STREET ADDRESS
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000000396149
01/27/06-80021-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thakor M Patel* **THAKOR M PATEL PRESIDENT.** 1-18-06 727 526541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #