

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90099 011 ***150.00

DOCUMENT # G95902

1. Entity Name

LITTLE PRINCESS INVESTMENT CORP.

Principal Place of Business

Mailing Address

4352 EL JOBEAN RD
 #B
 PORT CHARLOTTE FL 33953
 US

P.O. BOX 27115
 EL JOBEAN FL 33927

2. Principal Place of Business

14578 River Bch Dr.

3. Mailing Address

P.O. BOX 27115

Suite, Apt. #, etc.

511

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

EL JOBEAN FL

Zip

33953

Country

USA

Zip

33927

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2748872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIROUT, STANISLAV J
 4352 EL JOBEAN RD
 #B
 PORT CHARLOTTE FL 33953

Name

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

14578 River Bch Dr

511

City

Port Charlotte

FL

Zip Code

33953

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
 NAME JIROUTOVA, MARIE
 STREET ADDRESS TISORA 20 CESKE HERMANICE 56552
 CITY-ST-ZIP CZECH REPUBLIC

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME JIROUT, STANISLAV
 STREET ADDRESS 14578 RIVER BEACH DRIVE, #310
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME STRBIK, PAVEL
 STREET ADDRESS CASLAVSKA 199
 CITY-ST-ZIP KUTHA HORA 28401, CZECH REP.

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
 NAME JUDR. OTO JIROUT
 STREET ADDRESS Prague, 4
 CITY-ST-ZIP Czech Republic

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jirout Stanislav

Date

02/20/01

Daytime Phone #

941-255-8871

CR2E034 (10/00)