


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

DOCUMENT # <u>G 95902</u>	
1. Entity Name <u>LITTLE PRINCESS INVESTMENT CORP.</u>	

**DO NOT WRITE IN THIS SPACE**

80088648

2. Principal Place of Business <u>7136 N. Lecwynn Dr.</u>	3. Mailing Address <u>7136 N. Lecwynn Dr.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Sarasota Florida</u>	City & State <u>Sarasota Florida</u>	4. FEI Number <u>59-27488</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34240</u>	Country <u>U.S.A.</u>	Zip <u>34240</u>	Country <u>U.S.A.</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>Ladislav Stohanzl</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7136 N. Lecwynn Dr.</u>
City <u>Sarasota</u>
State <u>FL</u>
Zip Code <u>34240</u>

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. The same name, address changed

SIGNATURE Ladislav Stohanzl April 15, 03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Ladislav Stohanzl	7136 N. Lecwynn Dr. Sarasota FL 34240	
S/T	Rihonkora Alena	Hurska 14	Praha 9 Czech Rep.
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

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

SIGNATURE: Ladislav Stohanzl April 15, 03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)