

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90471 027 \*\*\*150.00

**DOCUMENT # P96000069870**

1. Entity Name  
**LITTLE BOUTIQUE, INC.**

Principal Place of Business

24850 OLD 41 RD  
 SUITE 13  
 BONITA SPRINGS 34 34134  
 US

Mailing Address

24850 OLD 41 ROAD  
 SUITE 13  
 BONITA SPRINGS FL 34135  
 US

2. Principal Place of Business

**27180 Bay Landing Dr.**  
 Suite, Apt. #, etc.  
**Unit 2**

3. Mailing Address

**27180 Bay Landing Dr.**  
 Suite, Apt. #, etc.  
**Unit 2**

City & State

**Bonita Springs, FL**

City & State

**Bonita Springs, FL**

Zip

**34135**

Country

**USA**

Zip

**34135**

Country

**USA**

4. FEI Number

**59-3396076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCHMIDT, TRACY L**  
**27141 KINDLEWOOD LANE**  
**BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **Schmidt, TRACY L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20941 Persimmon Place**  
 City **ESTERO** FL Zip Code **33928**

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 **Tracy Schmidt**

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

TITLE **D** ☐ Delete  
 NAME **SCHMIDT, TRACY L**  
 STREET ADDRESS **27141 KINDLEWOOD LANE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete  
 NAME **BELL, CYNTHIA L**  
 STREET ADDRESS **5980 20TH AVE NW**  
 CITY-ST-ZIP **NAPLES FL 34115**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **20941 Persimmon Place**  
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6087 20th Ave. NW.**  
 CITY-ST-ZIP **NAPLES, FL 34119**

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

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

TITLE ☐ Change ☐ Addition  
 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 information.

SIGNATURE: **Tracy Schmidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/01**

Date

**941-947-8806**

Daytime Phone #

CR2E034 (10/00)