

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019558

1. Entity Name
LILAC AND LAVENDER, INC.

f

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 003 ***150.00

Principal Place of Business
1023 NORTH "O" STREET
LAKE WORTH FL 33460

Mailing Address
1023 NORTH "O" STREET
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0821279

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COLAMONICO, MARY J
1023 NORTH "O" STREET
LAKE WORTH FL 33460

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	COLAMONICO, MARY JO	
STREET ADDRESS	1023 NORTH O STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HAMOR, TRUDY	
STREET ADDRESS	1023 NORTH O STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARY JO COLAMONICO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY JO COLAMONICO
7/24/00
Date

561-276-1012
Daytime Phone #

CR2E034 (5/00)

Attachment
DH#P98000019558
A0070042

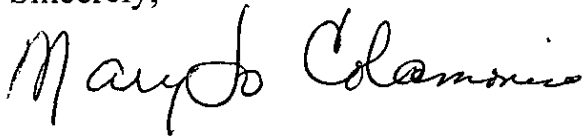
Division of Corporations
Uniform Business Report
PO Box 1500
Tallahassee, FL 32302-1500

RE: #P98000019558

I am very concerned about this form. Since I am a relatively new business, I am very careful about paying any charges on time and always seek legal or financial advice on all State, Federal and local tax. I do not have a copy of this business report which makes me think that I never received the original.

I am enclosing a check for \$150.00 which is the original fee. I hope you will accept it. Thank you.

Sincerely,



Mary Jo Colamonico, owner
Lilac and Lavender, Inc
1023 North O Street
Lake Worth, FL 33460