

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90154 021 ***150.00

DOCUMENT # P98000019558

1. Entity Name
LILAC AND LAVENDER, INC.



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

2727 FLAMANGO CRT S.

3. Mailing Address

2727 FLAMANGO CRT S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

65-0821279

Applied For

Not Applicable

Zip
33406

Country

Palm Beach

Zip

33406

Country

Palm Beach

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARY JO COLAMONICO**

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

2727 FLAMANGO CRT S.

City **West Palm Beach**

FL

Zip Code **33406**

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 *Mary Jo Colamonico*

MARY JO COLAMONICO

1/10/03

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, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **COLAMONICO, MARY JO**
STREET ADDRESS **1023 NORTH O STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VPS** ☐ Delete
NAME **HAMOR, TRUDY**
STREET ADDRESS **1023 NORTH O STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2727 FLAMANGO CRT S.**
CITY-ST-ZIP **West Palm Beach FL 33406**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **2727 FLAMANGO CRT S.**
CITY-ST-ZIP **West Palm Beach FL 33406**

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

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 Block 11 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 **1/10/03**

Date

Daytime Phone #

CR2E034 (10/02)