

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062413**

1. Entity Name

LAVENDERWOMYN, INC.**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90017 027 ***150.00

Principal Place of Business

426 OAKPARK LOOP
DAVENPORT FL 33837-5823

Mailing Address

417 OAKPARK LOOP
DAVENPORT FL 33837-5823

2. Principal Place of Business

~~426 OakPark Loop~~

Suite, Apt. #, etc.

3. Mailing Address

~~417 Oak Park Loop~~

Suite, Apt. #, etc.

City & State

~~Davenport Florida~~

City & State

~~Davenport Florida~~

Zip

~~33837-5823~~

Country

~~FL~~

Zip

~~33837-5823~~

Country

~~FL~~

6. Name and Address of Current Registered Agent

CAPONERA, LYNN
417 OAK PARK LOOP
DAVENPORT FL 33837-5823

7. Name and Address of New Registered Agent

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CASTEEL, KRISTINE
CITY-ST-ZIP 5802 S. OAKES
TACOMA WA 98409TITLE ☐ Delete
NAME D
STREET ADDRESS CLARK, MARGARET
CITY-ST-ZIP 5802 S. OAKES
TACOMA WA 98409TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Kristine H. Casteel Kristine H Casteel

Date

Daytime Phone #

CR2E034 (10/00)