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Mar 24, 2003 8:00 am
Secretary of State

02-11-2003 90078 039 ***150.00

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2/11/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062413

1. Entity Name
LAVENDERWOMYN, INC.

Principal Place of Business	Mailing Address
426 OAKPARK LOOP DAVENPORT FL 33837-5823	417 OAKPARK LOOP 1 DAVENPORT FL 33837-5823

2. Principal Place of Business	3. Mailing Address
426 OakPark Loop	5802 So. Oakes
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davenport Florida	City & State: Tacoma Washington
Zip: 33837 Country: Polk	Zip: 98409 Country: Pierce

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3589314 ☐ Applied For ☐ Not Applicable

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
~~CAPONERA, LYNN~~ ~~417 OAK PARK LOOP~~ ~~DAVENPORT FL 33837-5823~~ Kristine H. Casteel 5802 S Oakes St. Tacoma, WA 98409-6214 [redacted]	Name: Welcome home Management Street Address (P.O. Box Number is Not Acceptable): 3150 Vineland Road SR 535 City: Kissimmee FL Zip Code: 34746

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 ____________________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTEEL, KRISTINE 5802 S. OAKES TACOMA WA 98409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, MARGARET 5802 S. OAKES TACOMA WA 98409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: KRISTINE H. RE Casteel — 2-3-2003 — 253-475-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kristine H. Casteel