

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075327

1. Entity Name

LIFELONG ENGINEERING AND DEVELOPMENT INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90018 041 ***550.00

Principal Place of Business

8300 ULNERTON RD
SUITE 120
LARGO FL 33771
US

Mailing Address

LIFELONG ENGINEERING AND DEV INC
PO BOX 1311
ELFERS FL 34680
US

2. Principal Place of Business

5334 Provost Drive

Suite, Apt. #, etc.

Suite 22

3. Mailing Address

P.O. Box 1311

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Elfers FL

4. FEI Number

59-3529694

Applied For

Not Applicable

Zip

34690

Country

USA

Zip

34680

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSETTA, CASSANDRA C
5041 LOFTON DRIVE
NEW PORT RICHEY FL 34652

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 \$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

TITLE D ☐ Delete
NAME CASSETTA, CASSANDRA C
STREET ADDRESS 5041 LOFTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Delete
NAME LANZETTA, VINCENT F
STREET ADDRESS 5041 LOFTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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
CITY-ST-ZIP

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

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

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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: Cassandra Cassetta CASSANDRA CASSETTA 9/18/00 727-943-9209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)