

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000075327

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** LIFELONG ENGINEERING AND DEVELOPMENT INC.

## Current Principal Place of Business:

5334 PROVOST DRIVE  
SUITE 22  
HOLIDAY, FL 34690 US

## New Principal Place of Business:

6740 TOWER DR.  
HUDSON, FL 34667 US

## Current Mailing Address:

P.O. BOX 1311  
ELFERS, FL 34680 US

## New Mailing Address:

**FEI Number:** 59-3529694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASSETTA, CASSANDRA C  
Address: 5041 LOFTON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: LANZETTA, VINCENT F  
Address: 5041 LOFTON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSANDRA C. CASSETTA

D

04/29/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date