

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90091 005 ****61.25

DOCUMENT # N94000001751

1. Entity Name

TRIUMPHANT LIVING, INC.

Principal Place of Business

Mailing Address

236 LEXINGDALE DR
 ORLANDO FL 32828

236 LEXINGDALE DR
 ORLANDO FL 32828-9030

00038690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3240875

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, WILEY C
236 LEXINGDALE DR
ORLANDO FL 32828

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, WILEY C	
STREET ADDRESS	236 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DA	<input type="checkbox"/> Delete
NAME	WRIGHT, ANTENITA	
STREET ADDRESS	236 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BUCKLES, BOBBY	
STREET ADDRESS	2118 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUCKLES, PATRICIA	
STREET ADDRESS	2118 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAWSON, JOHNNY	
STREET ADDRESS	7306 WHITEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DE	<input type="checkbox"/> Delete
NAME	DAWSON, TAMMY	
STREET ADDRESS	7306 WHITEWATER DR	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

WILEY C. WRIGHT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000
 Date

(407) 282-3310
 Daytime Phone #

CP12E037 (9/99)