

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90183 035 ****61.25

DOCUMENT # N94000001751

1. Entity Name
TRIUMPHANT LIVING, INC.

Principal Place of Business 236 LEXINGDALE DR ORLANDO FL 32828	Mailing Address 236 LEXINGDALE DR ORLANDO FL 32828
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3240875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WRIGHT, WILEY C
 236 LEXINGDALE DR
 ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Delete
NAME	BUCKLES, BOBBY	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 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: ~~SIGNATURE REQUIRED~~ **3/8/2002** **407-212-3310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)