

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90161 015 \*\*\*150.00

**DOCUMENT # P98000037067**

1. Entity Name  
**TRIUMPH TOWING & SALVAGE, INC.**

Principal Place of Business

Mailing Address

~~8204 SOUTH TURKEY CREEK ROAD~~  
**PLANT CITY FL 33567**

~~8204 SOUTH TURKEY CREEK ROAD~~  
**PLANT CITY FL 33567**

2. Principal Place of Business

**1329 9th Street Southwest**

Suite, Apt. #, etc.

3. Mailing Address

**1329 9th Street Southwest**

Suite, Apt. #, etc.

City & State  
**Largo, FL**

City & State  
**Largo, FL**

Zip  
**33770**

Country  
**USA**

Zip  
**33770**

Country  
**USA**

4. FEI Number  
**59-3509943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

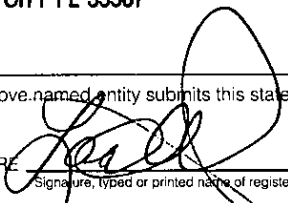
6. Name and Address of Current Registered Agent

**PORTER, PEGGY L**  
**8204 SOUTH TURKEY CREEK ROAD**  
**PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name  
**Edwards, Laura D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1329 9th Street Southwest**  
 City  
**Largo** **FL** Zip Code  
**33770**

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

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PORTER, DOYLE S</b> <b>8204 SOUTH TURKEY CREEK ROAD</b> <b>PLANT CITY FL 33567</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PORTER, PEGGY L</b> <b>8204 SOUTH TURKEY CREEK ROAD</b> <b>PLANT CITY FL 33567</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P</b> <b>Edwards, Stanley L.</b> <b>1329 9th Street Southwest</b> <b>Largo, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ST</b> <b>Edwards, Laura D.</b> <b>1329 9th Street Southwest</b> <b>Largo, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02  
 Date

727-586-0560  
 Daytime Phone #

CR2E034 (9/01)