2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V03448 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name WHITE KNIGHT LIMOUSINE & TRANSPORTATION SERVICES 04-27-2000 90033 009 ***150.00 Mailing Address Principal Place of Business 4350 HILLCREST DRIVE #305 4350 HILLCREST DRIVE #305 HOLLYWOOD FL 33021-7963 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0305076 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Drugan, Edward Street Address (P.O. Box Number is Not Acceptable) 4350 HILLCREST DRIVE #305 HOLLYWOOD FL 33021 Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 . Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE DRUGAN, EDWARD NAME NAME STREET ADDRESS 4350 HILLCREST DR #305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition Change TITLE ☐ Delete NAME Drugan, Drew NAME STREET ADDRESS STREET ADDRESS 4350 HILLCREST DR., #305 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE ST ☐ Delete NAME DRUGAN, DAWN STREET ADDRESS 4350 HILLCREST DR. #305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition TITLE ☐ Delete TITLE DRUGAN, DENISE NAME NAME STREET ADDRESS STREET ADDRESS 4350 HILLCREST DR. #305

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 I hereby dering that the indicated on this report or supplemental indicated on this report or the recover of the teport 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 test empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. of the corporation or the rec changed, or on an attachn

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STREET ADDRESS

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NAME STREET ADDRESS

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SIGNATURE:

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TITLE

NAME

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HOLLYWOOD FL

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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Change

Change

☐ Addition

☐ Addition