

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90257 002 \*\*\*150.00

**DOCUMENT # V03448**

**1. Entity Name**  
**WHITE KNIGHT LIMOUSINE & TRANSPORTATION SERVICES, INC.**

**Principal Place of Business**  
 4350 HILLCREST DRIVE #305  
 HOLLYWOOD FL 33021

**Mailing Address**  
 4350 HILLCREST DRIVE #305  
 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** #  
 1100 LEE WAGENER BLVD 108  
 Suite, Apt. #, etc.  
 FORT LAUDERDALE  
 City & State  
 FLORIDA  
 Zip  
 33315  
 Country  
 BROWARD

**3. Mailing Address**  
 SAME AS ABOVE  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

**4. FEI Number** 65-0305076  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 DRUGAN, EDWARD  
 4350 HILLCREST DRIVE #305  
 HOLLYWOOD FL 33021

**7. Name and Address of New Registered Agent**  
 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

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRUGAN, EDWARD 4350 HILLCREST DR #305 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRUGAN, DREW 4350 HILLCREST DR., #305 HOLLYWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAWN DRUGAN 4350 HILLCREST DR #305 HOLLYWOOD FLA 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRUGAN, DAWN 4350 HILLCREST DR. #305 HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DREW DRUGAN 4350 HILLCREST DR #305 HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUGAN, DENISE 4350 HILLCREST DR. #305 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** **EDWARD DRUGAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # 954 359 0373

CR2E034 (9/01)