

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 017 ***150.00

DOCUMENT # 103448

1. Entity Name WHITE KNIGHT LIMOUSINE
TRANSPORTATION SERVICE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1100 NEE WAGENER BLVD

Suite/Apt. #, etc.

SAME

Suite/Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

BROWARD

Zip

33315

Country

B. BROWARD

4. FEI Number

65-0305076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

EDWARD DRUGAN

4-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES</u> <u>DAWN DRUGAN</u> <u>4350 HILLCREST DRIVE #305</u> <u>HOLLYWOOD FL 33021</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRES</u> <u>EDWARD DRUGAN</u> <u>4350 HILLCREST DR #305</u> <u>HWO FL 33021</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>DREW DRUGAN</u> <u>4350 HILLCREST DR. #305</u> <u>HWO FL 33021</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DENISE DRUGAN</u> <u>4350 HILLCREST DR #305</u> <u>HWO, FL 33021</u>
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD DRUGAN

EDWARD DRUGAN

4-10-03

954-59-0373

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)