

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

DOCUMENT # **V 03448**

1. Entity Name

**WHITE KNIGHT LIMOUSINE  
& TRANSPORTATION SERVICE**



03 JUL 23 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1100 LEE WAGNER BLVD**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**108**

Suite, Apt. #, etc.

**SAME**

City & State

**FT LAUDERDALE FL.**

City & State

**SAME**

Zip

**33315**

Country

**BROWARD**

Zip

**33315**

Country

**BROWARD**

4. FEI Number

**65-0305076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**EDWARD DRUGAN**

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

**4350 HILLCREST DRIVE #305**

City

**HOLLYWOOD**

FL

Zip Code

**33021**

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**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**6-23-03**

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

**P PRESIDENT  
EDWARD DRUGAN  
4350 HILLCREST DR. #305  
HOLLYWOOD, FL. 33021**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD DRUGAN**

**6/23/03**

Date

Daytime Phone #

**954 401 8286**

CR2E034B (12/02)