Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90136 003 ***150.00

830699

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092919

1. Entity Name
BALTIC ESTATE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
515 N. Flagler Drive	P.O. Box 2558
Suite, Apt. #, etc. 18th Floor	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: Palm Beach, FL
Zip: 33401 Country: Palm Beach	Zip: 33480 Country: Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1044292 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Dean K. Vegosen
Street Address (P.O. Box Number is Not Acceptable): 515 N. Flagler Drive, 18th Floor
City: West Palm Beach FL Zip Code: 33401

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.

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P/S/T	TITLE	
NAME	Dean K. Vegosen	NAME	
STREET ADDRESS	515 N. Flagler Dr., 18 FL	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dean K. Vegosen, Director — March 8, 2002 — 561-832-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #