

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 047 ***150.00

DOCUMENT # P00000093228 1. Entity Name BALTIC MARBLE, INC.			
Principal Place of Business 4180 BROOK CIRCLE W. WEST PALM BEACH, FL 33417		Mailing Address 4180 BROOK CIRCLE W. WEST PALM BEACH, FL 33417	
2. Principal Place of Business 18911 STILL LAKE DR.		3. Mailing Address 18911 STILL LAKE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JUPITER FL		City & State JUPITER FL	
Zip 33458		Zip 33458	
Country USA		Country USA	
4. FEI Number 65-1062748		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUDZINAUSKAS, EDVINAS 4180 BROOK CIRCLE W. WEST PALM BEACH, FL 33417		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$660.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDZINAUSKAS, EDVINAS 4180 BROOK CIRCLE W. WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDVINAS BUDZINAUSKAS 18911 STILL LAKE DR. JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLIZENTIENE, LINA 4180 BROOK CIRCLE W. WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLIZENTIENE LINA 18911 STILL LAKE DR. JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Edvinas Budzinauskas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/28/03 (561)436-3779 Date Daytime Phone	

CR2E034 (10/02)