

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

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90032 047 \*\*\*150.00

**DOCUMENT #** P96000028337

**1. Entity Name**

ABACO MARINE, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1900 AVENUE L

**3. Mailing Address**  
5725 CORPORATE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

DO NOT WRITE IN THIS SPACE

**City & State**  
FIVIERA BEACH, FL.

**City & State**  
WEST PALM BEACH, FL

**4. FEI Number**  
65-0670477

Applied For  
Not Applicable

**Zip**  
33404

**Country**  
PB

**Zip**  
33407

**Country**  
PB

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

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

**DO NOT WRITE  
IN THIS SPACE**

**Name**  
BISHOP, MICHAEL

**Street Address (P.O. Box Number is Not Acceptable)**  
280 SANDPIPER DR.

**City**  
PALM BEACH

**FL**

**Zip Code**  
33480

**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**  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P,V,S,T,D  
BISHOP, MICHAEL  
280 SANDPIPER DR.  
PALM BEACH, FL. 33480

**TITLE**  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Michael Bishop* MICHAEL Bishop 4-30-02 1-561-8482888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)