

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

DOCUMENT # P97000055349

1. Entity Name

ABACO CAPITAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

225 Water Street

Suite, Apt. #, etc.
 Suite 1250

City & State
 Jacksonville, FL

Zip
 32202

Country
 US

3. Mailing Address

225 Water Street

Suite, Apt. #, etc.
 Suite 1250

City & State
 Jacksonville, FL

Zip
 32202

Country
 US

4. FEI Number

59-3455185

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Douglas D. Chunn

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

Suite 1250

City
 Jacksonville

FL

Zip Code
 32202

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
 PSD
 Douglas D. Chunn Delete
 225 Water St., Suite 1250
 Jacksonville, FL 32202

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 PD
 Sandra D. Reichard
 225 Water St., Suite 1250
 Jacksonville, FL 32202

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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**DO NOT WRITE
 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:

Douglas D. Chunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas D. Chunn
 President

4/22/02

Date

904-355-8800

Daytime Phone #

CR2E034B (12/01)