

pg 1 of 2

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

DOCUMENT # **H 92049**

1. Entity Name

**Prime Park, Inc.**



FILED

04 DEC 10 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** on

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5816 SW Archer Rd**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lot 1**

City & State

**Gainesville, FL**

City & State

4. FEI Number

**592623982**

Applied For

Not Applicable

Zip

**32608**

Country

**Arachua**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Eugene C. Arnold**

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

**5816 SW Archer Rd Lot 1**

City

**Gainesville**

FL

Zip Code

**32608**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Eugene C. Arnold**

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

(NOTE: Registered Agent signature required when reinstating)

**10.31.04**

DATE

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 **P Eugene C. Arnold**  
STREET ADDRESS **9236 SW 31st**  
CITY-ST-ZIP **32608 Gainesville, FL 32608**

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**400042435114**  
**11/03/04--01027--001 \*\*150.00**

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:

**Eugene C. Arnold**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10.31.04 3523783841**

Date

Daytime Phone #

CR2E034B (12/02)

11/1/04 pg 2082

Fl. Department of State

Please waive the Annual report  
fee Prime Park Inc. We did not receive  
the report. This is a mobile Home Park  
the lot number is very important the  
mail man will not deliver it unless  
it has the lot number on it. The  
lot number is number 1 or #1

Prime Park Inc  
5816 SW Archer Rd #1  
Gainesville, FL 32608

Thank very much