

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90065 021 \*\*\*150.00

**DOCUMENT # L45536**

1. Entity Name  
**PRIMROSE SQUARE CORPORATION**

Principal Place of Business  
**18828 NW CR 231**  
**GAINESVILLE FL 32609**  
**US**

Mailing Address  
~~WALTER M. TOVKACH~~  
~~PO BOX 15295~~  
~~GAINESVILLE FL 32604~~  
~~US~~

2. Principal Place of Business

3. Mailing Address  
**18828 N.W. COUNTRY RD 231**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**GAINESVILLE, FL**

4. FEI Number **59-2984027**

Applied For  
 Not Applicable

Zip

Country

Zip

**32609**

Country

**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TOVKACH, WALTER M.~~  
~~5011 NW 8TH AVE~~  
~~GAINESVILLE FL 32605~~

Name  
**MITCHEM, GLORIA A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18828 NW. COUNTRY RD # 231**  
 City  
**GAINESVILLE** FL Zip Code  
**32607**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-15-02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPT**  
**GLORIA A. MITCHEM** ☐ Delete  
**18828 NW COUNTRY RD #231**  
**GAINESVILLE, FL 32607**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**MITCHEM, GLORIA A.** ☐ Delete  
**18828 NW COUNTRY RD #231**  
**GAINESVILLE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MITCHEM, NANCY** ☒ Change ☐ Addition

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Gloria Mitchem*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-15-02*

CR2E034 (9/01)