

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90303 003 \*\*\*158.75

**DOCUMENT # S22759**

1. Entity Name  
**BRUNER-MONGOVEN LAND SURVEYING, INC.**

Principal Place of Business      Mailing Address  
**16790 PANAMA CITY BEACH PKWY**      **P.O. DRAWER 14212**  
**PANAMA CITY BEACH FL 32413**      **PANAMA CITY BEACH FL 32413**  
**US**      **US**

A0028549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>17210 PANAMA CITY BEACH PKWY</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PANAMA CITY BEACH FL</b>		City & State	
Zip <b>32413</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>59-3042259</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MONGOVEN, MICHAEL W.</b> <b>16790 WEST HWY. 98</b> <b>PANAMA CITY BEACH FL 32413</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL W. MONGOVEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>17210 PANAMA CITY BEACH PKWY</b> City <b>PANAMA CITY BEACH FL</b> Zip Code <b>32413</b>	
--	--	--	--

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  **Michael W. Mongoven / President** DATE **3/2/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MONGOVEN, TIMOTHY T</b> <b>3715 GEORGE LANE</b> <b>PANAMA CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MONGOVEN, TIMOTHY J</b> <b>1515 WILDRIDGE RD</b> <b>LYNN HAVEN FL 32444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONGOVEN, MICHAEL W</b> <b>1835 CINCINNATTI AVE.</b> <b>PANAMA CITY FL 32405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Timothy J. Mongoven** DATE **3/2/01** DAYTIME PHONE # **(850) 235-2293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)