

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90120 032 ***150.00

DOCUMENT # S22759

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

Principal Place of Business 7603 MCELVEY ROAD 17210 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32419 US 32408	Mailing Address P.O. DRAWER 14212 PANAMA CITY BEACH FL 32413 US
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00064610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7603 MCELVEY ROAD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PANAMA CITY BEACH, FLA	City & State

4. FEI Number 59-3042259	Applied For <input type="checkbox"/> Not Applicable
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Zip 32408	Country U.S.	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MONGOVEN, MICHAEL W.
17210 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32419

7. Name and Address of New Registered Agent
 Name
MONGOVEN, MICHAEL W.
 Street Address (P.O. Box Number is Not Acceptable)
7603 MCELVEY ROAD
 City
PANAMA CITY BEACH FL Zip Code
32408

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONGOVEN, TIMOTHY T 3715 GEORGE LANE PANAMA CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONGOVEN, TIMOTHY J 1515 WILDRIDGE RD LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONGOVEN, MICHAEL W 1835 CINCINNATTI AVE. PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 T. Mungoven* **1/29/02 (850) 235-2293**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NAME AV

CR2E034 (9/01)