

City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

Scope of Work: MECHANICAL: 1 dryer vent Comments: None Project Information Address: 5066 S. Conway Road, Belle Isle, FL 32812 Parcel ID: 17-23-30-0000-00-065 Property Owner: Belle Isle Commons LLC Phone Number: None ***** Company Name: Del-Air Heating, A/C & Refrigeration Inc Contractor Name: Del Russo, Robert License Number: CAC032448 Address: 531 Codesco Way, Sanford, FL 32771 Phone Number: 407-585-3004	Permit Number: 2014-02-024 Date of Application: 02/18/2014 Date Permit Issued: 02/24/2014 WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.
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BUILDING FEATURES

IMPACT FEES School \$ Traffic \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$55.50 Gas \$ Roofing \$ Boat Dock \$ Screen End \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$59.50 Date Paid <u>2-25-14</u> CC or Check # <u>AMEX 32003</u> Amount Paid <u>59.50</u> The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).	BUILDING INSPECTOR USE ONLY IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO <input type="checkbox"/> BUILDING 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final – After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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Inspection requests are to be emailed to BDIscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 1pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

received
02-18-14



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 2/17/14

PERMIT NUMBER 2014-02-024

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5066 S Conway Rd, Belle Isle FL 32809 32812
Property Owner La Petite Academy Phone _____
Property Owner's Mailing Address Po Box 568821 City Orlando
State FL Zip Code 32856 Parcel Id Number: 17-23-30-0000-00-065

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space – provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units _____ Tons Per Unit _____ Total Tons _____
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____

Heating: # of Units KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas

(A) Estimated Cost Fee \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation:

(Number of) Grease _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans _____ Dryer Vents 1 Estimated Cost \$ 878.00

Refrigeration: Number of units _____ Estimated Cost \$ _____

Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes _____ No _____ (B) Estimated Cost Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE _____ LICENSE # CAC032448

LICENSE HOLDER NAME Robert G Dello Russo COMPANY NAME Del-Air Heating & Air Conditioning

Street Address 531 Codisco Way

City Sanford State FL Zip Code 32771 Phone Number 407-585-3004

Email Address hvac@delair.com

Building Official: [Signature] Date 2/24/14

Review & Permit Fee \$ 55.50
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 59.50

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number _____

* One dryer vent only.

PROJECT NUMBER 0115.1300792.0000

TASK NUMBER 05

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-02-024
Property Owner	Belle Isle Commons
Address	5066 S. Conway Rd
Nature of Improvement	Mechanical
Received Application	2-18-14
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	/
Sent to BO for Review	2-18-14
Building Official Approved	2/24/14
Comments	
1.	2-24-14 cq emailed Cheryl it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

5066 Conway Rd < 17-23-30-0000-00-065 >

Name(s)	Physical Street Address
Belle Isle Commons LLC	5066 Conway Rd
Property Name	Postal City and Zipcode
La Petite Academy	Orlando, Fl 32812
Mailing Address On File	Property Use
Po Box 568821	1910 - Prof Child Care Cent
Orlando, FL 32856-8821	Municipality
Incorrect Mailing Address?	Belle Isle

- Values, Exemptions and Taxes**
- Property Features
- Sales Analysis
- Location Info
- M

Property Description

FROM SE COR OF SW1/4 OF SE1/4 RUN N 782.73 FT W 53 FT S 145 FT W 350 FT N 70 FT FOR POB TH RUN W 50 FT N 75 F

Total Land Area 13,628 sqft (+/-) | 0.31 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Va
1910 - Prof Child Care Cent	C-1	13650 SQUARE FEET	\$6.50	\$88,725

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
	Model Code:	04 - Commercial	Actual Year Built: 1979
	Type Code:	1910 - Prof Child Care Cent	Beds: 0
	Building Value:	\$284,116	Baths: 0.0
	Estimated New Cost:	\$424,054	Floors: 1

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
PKSP - Parking Space	01/01/1979	16 Unit(s)

Page 1 of 1 (1 total records)

This Data Printed on 02/17/2014 and System Data Last Refreshed on 02

Client#: 1399715

131DELAIR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/29/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T-J. Rolfe Davis Insurance PO Box 4927 Orlando, FL 32802-4927 407 691-9600		CONTACT NAME: PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 888-635-4183 E-MAIL ADDRESS:																						
INSURED Del Air Heating AC & Refrigeration Inc Del Air Appliance Centers LLC 531 Codisco Way Sanford, FL 32771		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Amerisure Insurance Company</td> <td>19488</td> </tr> <tr> <td>INSURER B:</td> <td>Amerisure Mutual Insurance Co.</td> <td>23396</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Amerisure Insurance Company	19488	INSURER B:	Amerisure Mutual Insurance Co.	23396	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																								
INSURER F:																								

COVERAGES CERTIFICATE NUMBER: 13-14 MSTR BAI WS PN REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		X	GL20095391201	06/01/2013	06/01/2014	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input checked="" type="checkbox"/> Contractual Liab						MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/> Per Project Aggreg						PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY		X	CA20095371301	06/01/2013	06/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB		X	CU20620330402	06/01/2013	06/01/2014	EACH OCCURRENCE \$5,000,000
	EXCESS LIAB						AGGREGATE \$5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$0						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WC20179541101	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				OTHER
							E.L. EACH ACCIDENT \$500,000
							E.L. DISEASE - EA EMPLOYEE \$500,000
							E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Additional Insured status is granted with respect to General Liability if required by written contract per endorsement "Contractor's Blanket Additional Insured Endorsement" Form #CG7048 0304.

Additional Insured status is granted with respect to Auto Liability if required by written contract per endorsement "Commercial Automobile Broad Form Endorsement" Form #CA7171 0508.
(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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DESCRIPTIONS (Continued from Page 1)

Primary and Non-Contributory with respects to General Liability if required by written contract per "Contractor's Blanket Additional Insured Endorsement" Form #CG7048 0304.

Blanket Waiver of Subrogation applies to General Liability if required by written contract per "Contractor's General Liability Extension Endorsement" Form #CG7049 0905.

Blanket Waiver of Subrogation is granted with respect to Workers Compensation if required by written contract per endorsement Waiver of Our Right to Recover from Others Endorsement, form WC000131 (04/84).

Umbrella is Follow Form



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**DELLO RUSSO, ROBERT G
DEL-AIR HEATING A/C & REFR INC
531 CODISCO WAY
SANFORD FL 32771**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA AC# **6180388**
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CAC032448 07/02/12 120003062
 CERTIFIED AIR COND CONTR
 DELLO RUSSO, ROBERT G
 DEL-AIR HEATING A/C & REFR INC

IS CERTIFIED under the provisions of Ch.489 FS
 Expiration date: AUG 31, 2014 L12070200574

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6180388

STATE OF FLORIDA

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# L12070200574

DATE	BATCH NUMBER	LICENSE NBR
07/02/2012	120003062	CAC032448

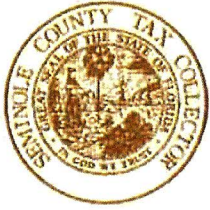
The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

**DELLO RUSSO, ROBERT G
DEL-AIR HEATING A/C & REFR INC
531 CODISCO WAY
SANFORD FL 32771**

**RICK SCOTT
GOVERNOR**

**KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/13

**DEL AIR HEATING AC REFRIGERANT INC
531 CODISCO WAY
SANFORD, FL 32771**

Account #: 017508

ROBERT G DELLO RUSSO (PRES)

**REGULATED
License # - CA C032448
Qualifier- DELLO RUSSO ROBERT G
SANFORD CITY LICENSE REQUIRED **

Receipt #: 10432012090523378

Amount Paid: \$ 45.00

Date Paid: 09/05/2012

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053[1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt. (FS 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**DEL AIR HEATING AC REFRIGERANT INC
531 CODISCO WAY
SANFORD, FL 32771**

County Services Building
1101 E First Street
Sanford, FL 32771

Wilshire Plaza
384 Wilshire Blvd
Casselberry, FL 32707

Oak Groves Shoppes
995 N SR 434 Suite 505
Altamonte Springs, FL 32714

ShelMar Prof'l Building
1490 Swanson Dr #100
Oviedo, FL 32765

Commons at Primera
845 Primera Blvd
Lake Mary, FL 32746