



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: LOW VOLTAGE: security systems, phones, TVs and speakers

Comments: None

Project Information

Address: 4100 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0668-00-310
Property Owner: Surrey Homes
Phone Number: 407-695-2222

Company Name: Rampart Security Systems
Contractor Name: Robinson, Jeff
License Number: EF0001172
Address: 6457 Hazeltine National Drive, Orlando, FL 32822
Phone Number: 407-282-9552

Permit Number: 2014-01-009
Date of Application: 01/02/2014
Date Permit Issued: 01/02/2014

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.

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 \$55.50
Temp Pole \$
Plumbing \$
Mechanical \$
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 1-2-14

CC or Check # 1061 7539

Amount Paid \$9.50

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 (F S 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

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
(Footing/Foundation)

2nd _____
(Slab)

3rd _____
(Lintel)(Wall Reinforcing on Masonry Building)

4th _____
(Exterior Framing)(Roof/Wall Sheathing)

5th _____
(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____
(Insulation to be Made After Roof Installed)

7th _____
(Drywall)

8th _____
(Sidewalk/Driveway)

9th _____
(Other)

10th _____
(Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____
(Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BidScheduling@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/ff094edc4-832d-44bd-9809-ef32f9e2e63>
login ID = cobi@universalengineering.com password = universal113



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-561-8161 • Fax 407-561-0313 • www.universaleengineering.com

Received
 1-2-14

APPLICATION FOR ELECTRICAL 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: 1/2/2014 PERMIT NUMBER: 2014-01-009
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 4100 Isle Vista Ave Belle Isle FL 32809 32812
 Property Owner Surrey Homes Phone 407.695.2222
 Property Owner's Mailing Address 1133 Louisiana Ave #106 Rv, Winter Park
 State FL Zip Code 32789 Parcel Id Number: 20-23-30-0668-00-310
To obtain this information, please visit <http://www.opafl.com/Search/ParcelSearch.aspx>

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

Date First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____	Exhaust Fan _____	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan _____	Outlets _____
Fixtures _____	Spa _____	Pool _____	Switches _____
Electric Signs _____	Meter Reset _____	Low Voltage _____	Stoves _____
Pumps _____	Motors _____	Air Conditioning (tons) _____	Furnace (KW) _____

Temporary Construction Pole _____ One (1) New Water Service _____ Amperage/Voltage/Phase _____

Meter Service Upgrade from _____ to _____ Amperage/Voltage/Phase _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____

Other: _____

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE (IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE) \$ _____

VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 950.00

Building Official: sq Date 1-2-14
 Review & Permit Fee = \$ 55.50
 3% FL Surcharge = \$ 4.00
 TOTAL Permit = \$ 59.50

I hereby certify that the above is true and correct to the best of my knowledge.

I hereby 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 Jeff D. Robinson LICENSE # EF0001172
 LICENSE HOLDER NAME Jeff Robinson COMPANY NAME Rumpart Security
 Street Address 6057 Hazelton National Dr #110
 City Orl State FL Zip Code 32822 Phone Number 407.282.9552

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

Building Permit Number 2014-11-013



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DATE OF APPLICATION: 11/2/2014 PERMIT NUMBER _____
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 4100 Isle Vista Ave Belle Isle FL 32809 ✓ 32812
 Property Owner Surrey Homes Phone 407.695.2222
 Property Owner's Mailing Address 1133 Louisiana Ave #106 Winter Park
 State FL Zip Code 32789 Parcel Id Number: 20-23-30-0668-00-310
To obtain this information, please visit <http://www.orlando.gov/Search/ParcelSearch.aspx>

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

Date First Inspection Desired: _____ or will call for inspection is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____	Exhaust Fan _____	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan _____	Outlets _____
Fixtures _____	Spa _____	Pool _____	Switches _____
Electric Signs _____	Meter, Reset _____	Low Voltage _____	Stoves _____
Pumps _____	Motors _____	Air Conditioning (tons) _____	Furnace (KW) _____

Temporary Construction Pole _____ One (1) New Light Service _____ Amperage/Voltage/Phase _____

Meter Service Upgrade from _____ to _____ Amperage/Voltage/Phase _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____

Other: Security system, phones, tv's and speakers

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE _____ \$
 (IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)

VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 950.00

Review & Permit Fee = \$ _____
 3% FL Surcharge = \$ _____
 TOTAL Permit = \$ 59.50

Building Official: _____ Date _____

I hereby certify that the above is true and correct to the best of my knowledge

I hereby 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 Jeff Robinson LICENSE # EF0001172
 LICENSE HOLDER NAME Jeff Robinson COMPANY NAME Pumpart Security
 Street Address 6457 Hazelton National Dr #110

City Orl State FL Zip Code 32822 Phone Number 407.282.9552

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

Building Permit Number: 2014-11-013



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW

DATE (MM/DD/YYYY)

06/21/13

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

Newman Crane & Assoc. Ins. Inc.
P. O. Box 568946
Orlando, FL 32856-8946
Steven E. Buckner

CONTACT NAME:

PHONE: 407-859-3691
FAC. No. Ext.: 407-857-0409
ADDRESS:
PRODUCER:
CUSTOMER ID #: RAMP-1

INSURER(S) AFFORDING COVERAGE

INSURER A: The Hartford NAIC # 22357
INSURER B: Auto-Owners Insurance 18988
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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	LOCAL TERM INSR NYCD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		21UENQD6154	07/01/13	07/01/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (E&O occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	ANY AUTO		4151453500	07/15/13	07/15/14	COMBINED SINGLE LIMIT \$ 1,000,000
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	DEDUCTIBLE					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH)					WC STATUTORY LIMITS OTHER \$
	DESCRIPTION OF OPERATIONS below					E L EACH ACCIDENT \$
						E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CITYB13

City of Belle Isle
1600 Nela Ave.
Orlando, FL 32809

CANCELLATION

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

SE Bl

ACORD 26 (2008/09)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03-18-2013

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	CONTACT NAME:
AUTOMATIC DATA PROCESSING INS AGCY	PHONE:
250717 P: () - F: () -	(A/C, No, Ext):
PO BOX 33015	FAX (A/C, No):
SAN ANTONIO TX 78265	ADDRESS:
INSURED	INSURER(S) AFFORDING COVERAGE
MM ROBINSON INC DBA RAMPART SECURITY SYSTEMS	INSURER A: Hartford Underwriters Ins Co
6457 HAZELTINE NATIONAL DR STE 110	INSURER B:
ORLANDO FL 32822	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
	NAIC #

COVERAGES

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.

INSUR LTR	TYPE OF INSURANCE	ADDRESS (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT \$ (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DECK RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		76 WEG PF5707	03/30/2013	03/30/2014	X WC STATUS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

City of Belle Isle
1600 NELA AVE
BELLE ISLE, FL 32809

CANCELLATION

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

Jac Taylor

ACORD 25 (2010/05)

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AC# 6303746

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12082501053

DATE	BATCH NUMBER	LICENSE NBR
08/25/2012	127010888	EF0001172

The ALARM SYSTEM CONTRACTOR I
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

ROBINSON, JEFFREY SCOTT
M M ROBINSON, INC. DBA
RAMPART SECURITY SYSTEMS
6457 HAZELTINE NATIONAL DR STE 110
ORLANDO FL 32822

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

