



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 TOWN OF WINDERMERE, FLORIDA.

Scope of Work: ROOF: new, 13sq modified biumen

Comments: None

Project Information

Address: 2903 Trentwood Blvd, Belle Isle, FL 32812
Parcel ID: 29-23-30-1876-04-180
Property Owner: Davenport, James & Karen
Phone Number: None

Company Name: Steppi Roofing Inc.
Contractor Name: Steppi, Albert
License Number: CCC036967
Address: 3609 Old Winter Garden Rd A-9, Orlando, FL 32805
Phone Number: 407-293-6574

Permit Number: 2014-11-008

Date of Application: 11/08/2013

Date Permit Issued: 11/12/2013

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 \$

ZONING FEES

Zoning Fee \$30.00

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical Fee \$
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$
Gas Fee \$
Roofing \$67.50
Boat Dock \$
Screen Enc \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$101.50

Date Paid 11-12-13

CC or Check # amey 84013

Amount Paid 101.50

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 (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

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)

1st **ROOFING**

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

1st **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/f/f094edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = [universal13](https://universalengineering.com)



City of Belle Isle

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



APPLICATION FOR ROOFING 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: _____ **ROOF PERMIT NUMBER** 2014-11-008
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 2903 Trentwood Blvd Belle Isle fl 32812 Windermere, FL 34786
Property Owner James & Karen Davenport Phone _____

Property Owner's Mailing Address 2903 Trentwood Blvd City Belle Isle

State Florida Zip Code 32812 Parcel Id Number: 29-23-30-1876-04-180

REQUIRED! 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 Roof ReRoof Addition

- **REQUIRED!** Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version
- **REQUIRED!** Florida Product Approval Installation Instructions from www.floridabuilding.org (not the manufacturer instructions)
- **REQUIRED!** Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Roof Square Footage: 13 sq Number of Stories: 1 Job Valuation: \$ 4900.

Type: Asphalt Shingles Metal Modified Bitumen Other: _____

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 Albert J Steppi LICENSE # CCC036967

LICENSE HOLDER NAME Albert J Steppi COMPANY NAME Steppi Roofing Inc

Street Address 3609 Old Winter Garden Rd A-9

City Orlando State FL Zip Code 32805 Phone Number 407-293-6574

Email Address steppi@bellsouth.net

Building Official: Alfred Buissst Date 11-11-2013

Zoning Fee \$ 30.00

Permit Fee \$ 67.50

3% Florida Surcharge \$ 4.00

Total Permit Fee \$ 101.50

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

Building Permit Number 2013-08-059

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-11-068
Property Owner	Davenport
Address	2803 Thentwood Blvd
Nature of Improvement	Roof
Received Application	11-8-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	11-8-13
Building Official Approved	11-11-2013
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



License efficiently. Regulate fairly.

Product Approval Menu > Product or Application Search > Application List

Search Criteria

[Refine Search](#)

Code Version	2010	FL#	1654
Application Type	ALL	Product Manufacturer	ALL
Category	ALL	Subcategory	ALL
Application Status	ALL	Compliance Method	ALL
Quality Assurance Entity	ALL	Quality Assurance Entity Contract Expired	ALL
Product Model, Number or Name	ALL	Product Description	ALL
Approved for use in HVHZ	ALL	Approved for use outside HVHZ	ALL
Impact Resistant	ALL	Design Pressure	ALL
Other	ALL		

Search Results - Applications

FL#	Type	Manufacturer	Validated By	Status
FL1654-RL2 History	Revision	POLYGLASS USA Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

The State of Florida is an AA/EEO employer. Copyright 2007-2013 State of Florida. :: Privacy Statement :: Accessibility Statement :: Refund Statement

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850-487-1395. *Pursuant to Section 455.273(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



TABLE 1E: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER

System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasten	Attach	Ply	Cap	
W-21	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase	Simplex MAXX Cap	9-Inch o.c. at 2-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*
W-22	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase	Simplex MAXX Cap	9-Inch o.c. at 2-inch lap and 12-Inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-23	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
W-24	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase or Elastobase Poly with poly top surface	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-25	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
W-26	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-27	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Polyglass APP Base	Original Simplex Cap Nails (1-inch metal head diameter, 11 gauge x min. 1.25-inch long annular grooved shank)	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) SBS-SA, APP-SA or APP-TA	SBS-SA, APP-SA or APP-TA	-52.5
W-28	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with poly top surface)	Original Simplex Cap Nails (1-inch metal head diameter, 11 gauge x min. 1.25-inch long annular grooved shank)	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) SBS-SA or APP-SA	SBS-SA or APP-SA	-52.5
W-29	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with sand top surface)	Original Simplex Cap Nails (1-inch metal head diameter, 11 gauge x min. 1.25-inch long annular grooved shank)	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-30	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-60.0



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/06/2013

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 Brown Insurance Inc. 1872 Tamiami Trail S. Ste G Venice FL 34293	CONTACT NAME: Noel Brown A032583 PHONE (A/C, No.): 941-493-1886 FAX (A/C, No.): 941-497-6325 E-MAIL ADDRESS: noel@brownins.net
INSURED STEPPI ROOFING INC 3609 OLD WINTER GARDEN RD A9 ORLANDO FL 32805	INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN WORLD INSURANCE CO NAIC # 13196 INSURER B: INSURER C: INSURER D: INSURER E:

INSR LTR	TYPE OF INSURANCE	ADJUSTER (MSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PER <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		PGP0763469	04/16/2013	04/16/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eg. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Eg. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

REVISION NUMBER:

CERTIFICATE 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.

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

ROOFING CONTRACTOR STATE OF FLORIDA. ALBERT J. STEPPI LICENSE # CCC036967

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave Belle Isle FL 32809-6184	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 Noel Brown / A032583 <i>Noel Brown</i>
---	--

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD © 1988-2010 ACORD CORPORATION. All rights reserved.



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

1-800-767-3772 • FAX (407) 871-2520

Issue Date: 12/19/2012

CERTIFICATE OF INSURANCE

ISSUED TO:

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

COPY PROVIDED TO:

Steppi Roofing, Inc.
3609 Old Winter Garden Road
A-9
Orlando, FL 32805

Attention: Miriam

Steppi Roofing, Inc.

This is to Certify that: 3609 Old Winter Garden Road
A-9
Orlando, FL 32805

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND, P.O. Box 4907, Winter Park, FL 32793.

COVERAGE NUMBER: 870-033323

LIMITS

EFFECTIVE DATE: 1/1/2013

Workers' Compensation: Statutory - State of Florida

EXPIRATION DATE: 1/1/2014

Employers' Liability: \$100,000.00 Each Accident

\$100,000.00 Disease, Each Employee

\$500,000.00 Disease, Policy Limit

REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

This certificate is issued as a matter of information only, is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be construed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domiciled employees only.

By:

Brett Stiegel, Administrator
FRSA-SIF

By:

Debra Guidry, CPCU, Underwriting Manager
FRSA-SIF

AC#6291879

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082202324

DATE	BATCH NUMBER	LICENSE NBR
08/22/2012	120039764	CCC036967

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

STEPPI, ALBERT J
 STEPPI ROOFING INC
 3609 OLD WINTER GARDEN RD
 #A-9
 ORLANDO

FL 32805-1060

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



~~40-111-0115~~