



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: TEMP POLE: 60/240/1

Permit Number: 2014-11-019
 Date of Application: 11/19/2013
 Date Permit Issued: 11/20/2013

Comments: None

Project Information

Address: 4323 Isle Vista Avenue, Belle Isle, FL 32812
 Parcel ID: 20-23-30-0668-00-840
 Property Owner: Surrey Homes
 Phone Number: 407-470-1336

 Company Name: Synergy Electrical Systems Inc.
 Contractor Name: Strada, Steve
 License Number: ER13014121
 Address: 550 Parkside Pointe Blvd, Apopka, FL 32712
 Phone Number: 407-462-8377

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 \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$37.00
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$41.00

Date Paid 11-21-13

CC or Check # VISA 9519

Amount Paid 41

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)

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/f/f094edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = [universa113](http://universalengineering.com)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/20/2013

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 Laurenza Insurance Group, LLC 360 WILSHIRE BLVD STE 104 CASSELBERRY FL 32707-5382	CONTACT NAME: Joe Laurenza PHONE (A/C, No, Ext): (407) 261-2363 E-MAIL ADDRESS: info@laurenzains.com FAX (A/C, No): (407) 261-2364
INSURED SYNERGY ELECTRICAL SYSTEMS, INC 550 PARKSIDE POINTE BLVD APOPKA FL 32712-3364	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers INSURER B: Progressive 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	ADDL SUBR INSR. 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		660-6791X523	03/08/2013	03/08/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		08280797-0	10/12/2012	10/12/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED. RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N <input type="checkbox"/> N / A If "yes," describe under DESCRIPTION OF OPERATIONS below					EACH OCCURRENCE \$ AGGREGATE \$ WC STATU-TORY LIMITS OTH-ER 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)

Electrical Contractor
 Steven Strada
 Lic # ER13014121

CERTIFICATE HOLDER CANCELLATION

Phone: Fax: 4075810313 City of Belle Isle 1600 NELA AVE BELLE ISLE FL 32809-6184	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
---	---

ACORD 25 (2010/05) © 1988-2010 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

VM
R054

DATE (MM/DD/YYYY)
11/20/2013

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: PAYCHEX INSURANCE AGENCY INC 210705 P: F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	PHONE (A/C, No, Ext): FAX (A/C, No): (888) 443-6112
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
SYNERGY ELECTRICAL SYSTEMS INC 550 PARKSIDE POINTE BLVD APOPKA FL 32712		

COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		76 WEG ZV9752	06/14/2013	06/14/2014	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 (MAX Line Length is 79. Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

CANCELLATION

CITY OF BELLE ISLE 1600 NELA AVE 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 <i>Mar Tailor</i>
---	--

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.



City of Belle Isle
 Universal Engineering Sciences 3532 Maggia Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Received
11-19-13

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: 11-19-13 PERMIT NUMBER: 2014-11-019
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address: 4323 Isle Vista Ave Belle Isle FL 32808 32812
 Property Owner: Surrey Homes Phone: 407-470-1336
 Property Owner's Mailing Address: 133 Louisiana Ave City: Winter Park
 State: FL Zip Code: 32789 Parcel Id Number: 20-23-0668-00-840
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 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	_____	Water Heater	_____
Hood Fan	_____	Dryer	_____	Outlets	_____
Fixtures	_____	Spa	_____	Switches	_____
Electric Signs	_____	Pool	_____	Stoves	_____
Pumps	_____	Low Voltage	_____	Furnace (KW)	_____
	_____	Meters	_____	Air Conditioning (tons)	_____
	_____	Temporarily Construction Poles	_____	Amperage/Voltage/Phase	_____
	_____	240V - Single Phase	_____		_____

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

Relocate Existing Meter Services (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) \$ _____

Building Official: McLurg Buiss Date: 11-19-2013
 Reviewer & Permit Fee = \$ 37.00
 3% FL Surcharge = \$ 4.00
 TOTAL Permit = \$ _____

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 regarding 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: SAS SDA LICENSE # ER 13014121
 LICENSE HOLDER NAME: Steven Strada COMPANY NAME: Synergy Electric
 Street Address: 550 Parkside Pointe Blvd
 City: Apopka State: FL Zip Code: 32712 Phone Number: 407-462-8377

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: 2014-10-015

PROJECT NUMBER 0115-1300689.0000

TASK NUMBER 04

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-11-019
Property Owner	Sumner Homes
Address	4323 Isle Vista Ave
Nature of Improvement	Temp Pole
Received Application	11-19-13
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	
Building Official Approved	11-19-13
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



STATE OF FLORIDA

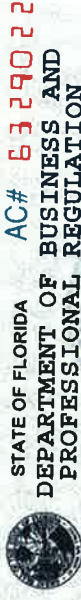
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE

(850) 487-1395

FL 32399-0783

STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712



AC# 6329022

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

ER13014121 08/31/12 128062029

REG ELECTRICAL CONTRACTOR
STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489
Expiration date: AUG 31, 2014 L12083104513

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!

DETACH HERE

AC# 6329022

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINE/MARK™ PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12083104513

DATE	BATCH NUMBER	LICENSE NBR
08/31/2012	128062029	ER13014121

The ELECTRICAL CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

CITY OF APOPKA

LOCAL BUSINESS TAX RECEIPT

120 East Main Street, Apopka, FL 32703
 Permit Year October 1, 2013 to September 30, 2014

No: 8971
 Date: 11/07/13

Address: 550 PARKSIDE POINTE BLVD
 APOPKA FL 32712
 Activity: 08C8-2 CONTRACTOR-STATE LICENSED
 ELECTRICAL CONTRACTOR

Tax 61.00
 Penalty 9.15
 Transfer
 App Fee
 Other
Total Paid 70.15

Issued to: SYNERGY ELECTRICAL SYSTEMS INC
 550 PARKSIDE POINTE BLVD
 APOPKA FL 32712

A

Patsy Heffner
 BUSINESS TAX OFFICIAL

Must Display Receipt/Owner's Responsibility to Renew

2014
 EXPIRES SEPTEMBER 30, 2014

PATSY HEFFNER, TAX COLLECTOR
 OSCEOLA COUNTY, STATE OF FLORIDA
 LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
 110566

BUSINESS TYPE 6150 ELECTRICAL CONTR (DBPR/CMPCRD)

PATSY HEFFNER
 Tax Collector
 115030
 2001890
 11/07/2013
 Oper VD
 Till 20
 Paid 34.50

RENEWAL 0.00
 NEW LICENSE TRANSFER 30.00
 ORIGINAL TAX AMOUNT 0.00
 PENALTY 4.50
 COLLECTION COST 0.00
 TOTAL 34.50

BUSINESS Synergy Electrical Systems, Inc.
 550 Parkside Pointe Blvd.
 Apopka, FL 32712

MAILING ADDRESS OUT OF COUNTY
 Synergy Electrical Systems, Inc.
 Steven M. Strada
 550 Parkside Pointe Blvd.
 Apopka, FL 32712

Patsy Heffner

PATSY HEFFNER, TAX COLLECTOR
 P.O. BOX 422105, KISSIMMEE FL 34742-2105
 407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

cott Randolph, Tax Collector

Local Business Tax Receipt **Orange County, Florida**
 is local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other
 vful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

ORIGINAL 2013 EXPIRES 9/30/2014
 5000 BUSINESS OFFICE \$30.00 5 EMPLOYEES 1802 REGISTERED ELECTRICAL C \$30.00 5000-1062602 1 EMPLOYEE



TOTAL TAX \$60.00
 PENALTIES \$9.00
 PREVIOUSLY PAID \$69.00
 TOTAL DUE \$0.00

STRADA STEVEN M

550 PARKSIDE POINTE BLVD (MOBILE)
 P. - APOPKA 32712

SYNERGY ELECTRICAL SYSTEMS INC
 STRADA STEVEN M
 550 PARKSIDE POINTE BLVD
 APOPKA FL 32712