



City of Belle Isle Job Site Permit Card

MECHANICAL

2020-04-011

subdivision

Site Address: 6810 Seminole Dr

32812

Class: Residential

Parcel Number: 29-23-30-4389-02-021

Description of Work: TWO & THREE TON UNITS.

Air Conditioning: # of Units 2 Tons Per Unit 2& 3 Total Tons 5

Type of System: Split System Heat Pump

Heating: # of Units KWS Per Unit5 Total KWS 10 BTU's 31,399 Electric

Issued: AIR CARE OF CENTRAL FLORIDA, LLC, SACCENTE, FJ JR License # CAC1818530

Contact # 407 479 7197

Payment/ Issued Date & Method: 4 / 2 / 2020

Picked up by Emailed

Visa Master Card Amex Discover Check / Money Order#

9071

MECHANICAL INSPECTOR DATE COMMENTS

Table with 4 columns: MECHANICAL, INSPECTOR, DATE, COMMENTS. Rows include: 500 Above Ceiling, 510 Rough, 520 Hood Vent, 530 Final, 540 Misc.

PLEASE NOTE: In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track all of your inspections - ☆ 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 3:00 p.m. Please include the following requirements in your request:

- Project Address
Corresponding Permit Number
Type of Inspection (Please reference your permit card for inspection codes)
Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
Contact Name
Contact Phone Number
Gate / Entry code (If applicable)
AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 *
Fax 407-581-0313 www.universalengineering.com

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."



City of Belle Isle

~~PENDING: DTR~~

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: 3/30/2020

PERMIT NUMBER 2020-04-011

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

Project Address 6810 Seminole Drive Belle Isle FL 32809 ~~X~~32812
 Property Owner Leslie Kinsella Phone 407-509-9225
 Property Owner's Mailing Address 6810 Seminole Dr. City Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 29-23-30-4389-02-021
 REQUIRED! To obtain this information, please visit <http://www.ocpaf.org/Searches/ParcelSearch.aspx>

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

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

Air Conditioning: # of Units 2 Tons Per Unit 2.3 Total Tons 5
 Type of System: Water to Air Chiller Split System Package Heat Pump
 Heating: # of Units KWS Per Unit 5 Total KWS 10 BTU's 31,399
 Oil Electric Boiler Gas

Estimated Cost \$ 17,500.00

Estimated Cost \$ 500.00

(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 6 Dryer Vents _____

Estimated Cost \$ 1,000.00

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 [Signature] LICENSE # CAC1818530
 LICENSE HOLDER NAME Frank Saccente COMPANY NAME AirCare of Central Florida, LLC
 Street Address 172 N. Industrial Dr. STE: 100
 City Orange City State FL Zip Code 32763 Phone Number 407-479-7197
 Email Address aircarecf1@gmail.com

USA 9021
 PAID
 4-2-2020

OTC - pre-approved on main bldg plans

Building Official: OTC Date 4-1-20
 Verified Contractor's Licenses & Insurance are on file for Date 4-1-2020

Permit Fee	\$ <u>134</u>
Review Fee	\$ <u>67.-</u>
1% BCAIB Fee	\$ <u>2.01</u>
1.5% DCA Fee	\$ <u>3.02</u>
Total Permit Fee	\$ <u>206.03</u>

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.

3 tons
 + 2 tons fans

73
 24
 37

Building Permit Number 2019-12-007

134
 67 = 201



Ron DeSantis, Governor

Halsey Bashears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



SACCENTE, FRANK JOSEPH JR

LICENSE NUMBER: CAC1818530

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/31/2020

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 have ADDITIONAL INSURED provisions or 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

PAYCHEX INSURANCE AGENCY
150 Sawgrass Drive
Rochester, NY 14620

CONTACT NAME:

PHONE

(A/C, No, Ext):

FAX

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : NorGUARD Insurance Company

31470

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

AIR CARE OF CENTRAL FLORIDA, LLC

172 N Industrial Dr Ste 100
Orange City, FL 32763-7409

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COM/OP AGG \$ 0	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AIWC063698	04/05/2019	04/05/2020	PER STATUTE 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employees: Full Time: 3; Part Time: 0 Governing Class Description: HEAT, VENT, AC, REFRIG. SYS-INST REP
 Exclusions:
 FRANK J SACCENTE, JR, MEMBER;

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:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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
PAYCHEX INSURANCE AGENCY
150 Sawgrass Drive
Rochester, NY 14620

CONTACT NAME:
PHONE (A/C No, Ext):
E-MAIL ADDRESS:
FAX (A/C, No):

INSURED
AIR CARE OF CENTRAL FLORIDA, LLC

172 N Industrial Dr Ste 100
Orange City, FL 32763-7409

INSURER(S) AFFORDING COVERAGE
INSURER A: NorGUARD Insurance Company NAIC # 31470
INSURER B:
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$ 0
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 0
							MED EXP (Any one person)	\$ 0
							PERSONAL & ADV INJURY	\$ 0
							GENERAL AGGREGATE	\$ 0
							PRODUCTS - COM/PROP AGG	\$ 0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
A	Y/N Y N/A			AIWC102604	04/05/2020	04/05/2021	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employees: Full Time: 0; Part Time: 0 Governing Class Description: HEAT,VENT,AC,REFRIG. SYS-INST REP
Exclusions:
FRANK J SACCENTE, JR, MEMBER;

CERTIFICATE HOLDER
City of Belle Isle
1600 Nela Avenue
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:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/2020

PRODUCER
Godwin & Silverman Insurance Agency
 502 S Woodland Blvd
 Deland, FL 32720
 License #: L098714
 Phone: (386)860-0001

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Air Care Of Central Florida, LLC
 172 N Industrial Dr
 Orange City, FL 32763

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Wilshire Insurance Company	
INSURER B:	Progressive Insurance Company	10193
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADDTL LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL00273572	06/14/2019	06/14/2020	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 - COMP/OP AGG \$ 2,000,000
B	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	02993161-3	04/26/2019	04/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$ 10,000
					BODILY INJURY (Per accident) \$ 20,000
					PROPERTY DAMAGE (Per accident) \$ 10,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER
	OTHER				E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Julie Tivado

(JAT)



City of Orange City

205 E. Graves Ave.
Orange City FL, 32763
386-775-5403

BUSINESS TAX RECEIPT

Business Name: Air Care of Central Florida
DBA: Air Care of Central Florida

Business Type(s): 238990 All Other Specialty Trade Contractors

Business Location: 172 N Industrial DR # 100
Orange City, FL 32763-7936

Mailing Address: 172 N Industrial DR # 100
Orange City, FL 32763

Owner: Frank Saccente, Jr.

License Number: CONS-009435-2019

License Type: Construction

Issued Date: 8/1/2019

Classification: Contractor - Sub

Expiration Date: 9/30/2020

Fees Paid: \$121.25

Stipulations: 1. Service Establishment is a permitted use in the Light Industrial (I-1) zoning classification. 2. Per 1991 site plan, 11 parking spaces, including one Handicapped stall. 3. The applicant proposes to occupancy of east half of building with 870 SF of office space and 1530 SF of warehouse and two staff members at this location. Use requires 6 spaces. 4. Handicapped parking spaces shall be maintained in accordance with City, State & Federal standards. 5. A sign permit issued by the Development Services Department is required before installing signs. 6. Site shall be maintained in accordance with the approved 1991 site plan. 7. Outdoor storage and/or display is not allowed.

Signature

TO BE POSTED IN A CONSPICUOUS PLACE

The business must meet all County and/or municipality planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.

The information contained on this Business Tax Receipt must be kept up to date. Contact the Volusia County Revenue Division for instructions on making changes to your account.

THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - (386) 736-5938

DATE PAID: 07/25/2019
RECEIPT #: BT 1-18-0004356
TOTAL TAX: 57.00
PENALTY: 0.00
TOTAL PAID: 57.00



Business Name: AIR CARE OF CENTRAL FLORIDA LLC
Owner Name: FRANK J SACCENTE JR
Mailing Address: 172 N INDUSTRIAL DR UNIT 100
ORANGE CITY, FL 32763



Account # 201605230001 Expires: September 30, 2020
Business Location: 172 INDUSTRIAL DR UNIT 100

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS