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| <u>A</u>    |          | <u>Amira Custom Homes</u>                        |                |
| <u>g DN</u> |          | <u>L</u>   |                |
| <u>g SN</u> |          | <u>5213 SW 91st Terrace Gainesville FL 32608</u> |                |
| <u># /</u>  |          | <u>g SN</u>                                      |                |
| <u>3 g</u>  |          | <u>352-870-9068</u>                              |                |
|             |          | <u># /</u>                                       |                |
|             |          | <u>corey_amiracustomhomes@gmail.com</u>          |                |
|             |          | <u>3 g</u>                                       |                |
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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).

|  |  |   |                        |
|--|--|---|------------------------|
| <b>PRODUCER</b><br>Edgewood Partners Insurance Agency<br>3780 Mansell Rd. Suite 370<br>Alpharetta GA 30022 |  | <b>CONTACT NAME:</b> Greyling COI Specialist<br><b>PHONE (A/C. No. Ext):</b> 7706705324<br><b>FAX (A/C. No.):</b> 770.670.5324<br><b>E-MAIL ADDRESS:</b> greylingcerts@greyling.com |                        |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                        |
|  |  | <b>INSURER A :</b> Greenwich Insurance Company  | <b>NAIC #</b><br>22322 |
| <b>INSURED</b><br>UES Professional Solutions, LLC<br>4205 Vineland Road, Suite L1<br>Orlando, FL 32811     |  | <b>INSURER B :</b> Westchester Surplus Lines Insurance Co   | 10172                  |
|  |  | <b>INSURER C :</b> Landmark American Insurance Company  | 33138                  |
|  |  | <b>INSURER D :</b> Navigators Specialty Insurance Company   | 36056                  |
|  |  | <b>INSURER E :</b> Convex Insurance UK Limited  | 71499                  |
|  |  | <b>INSURER F :</b> Aspen Specialty Insurance Company  | 10717                  |

**COVERAGES**

CERTIFICATE NUMBER: 801974055

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  |
|-------------|---|-----------|----------|--|----------------------------------|----------------------------------|---|
| A<br>F      | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> \$1M Emp. Benefit<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | RGC300209901<br>CX010NE25                    | 5/1/2025<br>5/1/2025             | 5/1/2026<br>5/1/2026             | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>XS GL Per Occ/Agg \$ 4,000,000 |
| A           | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         | Y        | RAC943832501                                 | 5/1/2025                         | 5/1/2026                         | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B<br>C<br>D | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   | Y         | Y        | G48816149001<br>LHA606324<br>GA25EXCZ0KKF11C | 5/1/2025<br>5/1/2025<br>5/1/2025 | 5/1/2026<br>5/1/2026<br>5/1/2026 | EACH OCCURRENCE \$ 9,000,000<br>AGGREGATE \$ 9,000,000<br>\$  |
| A           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | Y        | RWC300210001                                 | 5/1/2025                         | 5/1/2026                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| E           | Professional Liab<br>incl. Pollution Liab   |           |          | B0146LDUSA2505257                            | 5/1/2025                         | 5/1/2026                         | Per Claim Aggregate \$ 1,000,000<br>\$ 1,000,000  |

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

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

a

**CERTIFICATE HOLDER****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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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|  |  |                                     |               |
|--|--|-------------------------------------|---------------|
| <b>PRODUCER</b><br>Edgewood Partners Insurance Agency<br>3780 Mansell Rd. Suite 370<br>Alpharetta GA 30022 | <b>CONTACT NAME:</b> Greyling COI Specialist<br><b>PHONE (A/C. No. Ext):</b> 7706705324<br><b>E-MAIL ADDRESS:</b> greylingcerts@greyling.com | <b>FAX (A/C. No.):</b> 770.670.5324 |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                     | <b>NAIC #</b> |
| <b>INSURED</b><br>UES Professional Solutions, LLC<br>4205 Vineland Road, Suite L1<br>Orlando, FL 32811     | <b>INSURER A:</b> Greenwich Insurance Company  |                                     | 22322         |
|  | <b>INSURER B:</b> Westchester Surplus Lines Insurance Co   |                                     | 10172         |
|  | <b>INSURER C:</b> Landmark American Insurance Company  |                                     | 33138         |
|  | <b>INSURER D:</b> Navigators Specialty Insurance Company   |                                     | 36056         |
|  | <b>INSURER E:</b> Convex Insurance UK Limited  |                                     | 71499         |
|  | <b>INSURER F:</b> Aspen Specialty Insurance Company  |                                     | 10717         |

**COVERAGES**

CERTIFICATE NUMBER: 801974055

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   |
|-------------|---|-----------|----------|--|----------------------------------|----------------------------------|--|
| A<br>F      | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> \$1M Emp. Benefit<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | RGC300209901<br>CX010NE25                    | 5/1/2025<br>5/1/2025             | 5/1/2026<br>5/1/2026             | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>XS GL Per Occ/Agg \$4,000,000 |
| A           | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         | Y        | RAC943832501                                 | 5/1/2025                         | 5/1/2026                         | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B<br>C<br>D | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  | Y         | Y        | G48816149001<br>LHA606324<br>GA25EXCZ0KKF11C | 5/1/2025<br>5/1/2025<br>5/1/2025 | 5/1/2026<br>5/1/2026<br>5/1/2026 | EACH OCCURRENCE \$9,000,000<br>AGGREGATE \$9,000,000<br>\$   |
| A           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | Y        | RWC300210001                                 | 5/1/2025                         | 5/1/2026                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000   |
| E           | Professional Liab<br>incl. Pollution Liab   |           |          | B0146LDUSA2505257                            | 5/1/2025                         | 5/1/2026                         | Per Claim Aggregate \$1,000,000<br>\$1,000,000   |

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

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

a

**CERTIFICATE HOLDER****CANCELLATION**
 Alachua County Building Department  
 10 SW 2nd Ave,  
 Gainesville, FL 32601

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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|--|---|--|-------------------------------------|-------------------------------|--------|---|-------|--|-------|---|-------|--|-------|---|-------|---|
|  | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : Westchester Surplus Lines Insurance Co</td> <td>10172</td> </tr> <tr> <td>INSURER C : Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER D : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER E : Convex Insurance UK Limited</td> <td>71499</td> </tr> <tr> <td>INSURER F : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> </tbody> </table> |  |                                     | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Greenwich Insurance Company | 22322 | INSURER B : Westchester Surplus Lines Insurance Co | 10172 | INSURER C : Landmark American Insurance Company | 33138 | INSURER D : Navigators Specialty Insurance Company | 36056 | INSURER E : Convex Insurance UK Limited | 71499 | INSURER F : Aspen Specialty Insurance Company |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
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| INSURER B : Westchester Surplus Lines Insurance Co   | 10172   |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER C : Landmark American Insurance Company  | 33138   |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER D : Navigators Specialty Insurance Company   | 36056   |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER E : Convex Insurance UK Limited  | 71499   |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER F : Aspen Specialty Insurance Company  | 10717   |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| <b>INSURED</b><br>UES Professional Solutions, LLC<br>4205 Vineland Road, Suite L1<br>Orlando, FL 32811     | UNIVENG   |  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |

**COVERAGES**

CERTIFICATE NUMBER: 801974055

REVISION NUMBER:

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| A<br>F      | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> \$1M Emp. Benefit<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | RGC300209901<br>CX010NE25                    | 5/1/2025<br>5/1/2025             | 5/1/2026<br>5/1/2026             | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>XS GL Per Occ/Agg \$4,000,000 |
| A           | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         | Y        | RAC943832501                                 | 5/1/2025                         | 5/1/2026                         | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B<br>C<br>D | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   | Y         | Y        | G48816149001<br>LHA606324<br>GA25EXCZ0KKF11C | 5/1/2025<br>5/1/2025<br>5/1/2025 | 5/1/2026<br>5/1/2026<br>5/1/2026 | EACH OCCURRENCE \$9,000,000<br>AGGREGATE \$9,000,000<br>\$   |
| A           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | Y        | RWC300210001                                 | 5/1/2025                         | 5/1/2026                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000   |
| E           | Professional Liab<br>incl. Pollution Liab   |           |          | B0146LDUSA2505257                            | 5/1/2025                         | 5/1/2026                         | Per Claim Aggregate \$1,000,000<br>\$1,000,000   |

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

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

a

**CERTIFICATE HOLDER****CANCELLATION**
 Columbia County Building Department  
 135 NE Hernando Avenue, #21  
 Lake City, FL 32055

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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).

| <b>PRODUCER</b><br>Edgewood Partners Insurance Agency<br>3780 Mansell Rd. Suite 370<br>Alpharetta GA 30022 | <b>CONTACT NAME:</b> Greyling COI Specialist<br><b>PHONE (A/C. No. Ext):</b> 7706705324<br><b>E-MAIL ADDRESS:</b> greylingcerts@greyling.com  | <b>FAX (A/C. No.):</b> 770.670.5324 |                               |        |   |       |  |       |   |       |  |       |   |       |   |
|--|---|-------------------------------------|-------------------------------|--------|---|-------|--|-------|---|-------|--|-------|---|-------|---|
|  | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : Westchester Surplus Lines Insurance Co</td> <td>10172</td> </tr> <tr> <td>INSURER C : Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER D : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER E : Convex Insurance UK Limited</td> <td>71499</td> </tr> <tr> <td>INSURER F : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> </tbody> </table> |                                     | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Greenwich Insurance Company | 22322 | INSURER B : Westchester Surplus Lines Insurance Co | 10172 | INSURER C : Landmark American Insurance Company | 33138 | INSURER D : Navigators Specialty Insurance Company | 36056 | INSURER E : Convex Insurance UK Limited | 71499 | INSURER F : Aspen Specialty Insurance Company |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER A : Greenwich Insurance Company  | 22322   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER B : Westchester Surplus Lines Insurance Co   | 10172   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER C : Landmark American Insurance Company  | 33138   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER D : Navigators Specialty Insurance Company   | 36056   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER E : Convex Insurance UK Limited  | 71499   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| INSURER F : Aspen Specialty Insurance Company  | 10717   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |
| <b>INSURED</b><br>UES Professional Solutions, LLC<br>4205 Vineland Road, Suite L1<br>Orlando, FL 32811     | UNIVENG   |                                     |                               |        |   |       |  |       |   |       |  |       |   |       |   |

**COVERAGES**

CERTIFICATE NUMBER: 801974055

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   |
|-------------|---|-----------|----------|--|----------------------------------|----------------------------------|--|
| A<br>F      | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> \$1M Emp. Benefit<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | RGC300209901<br>CX010NE25                    | 5/1/2025<br>5/1/2025             | 5/1/2026<br>5/1/2026             | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>XS GL Per Occ/Agg \$4,000,000 |
| A           | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         | Y        | RAC943832501                                 | 5/1/2025                         | 5/1/2026                         | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B<br>C<br>D | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   | Y         | Y        | G48816149001<br>LHA606324<br>GA25EXCZ0KKF11C | 5/1/2025<br>5/1/2025<br>5/1/2025 | 5/1/2026<br>5/1/2026<br>5/1/2026 | EACH OCCURRENCE \$9,000,000<br>AGGREGATE \$9,000,000<br>\$   |
| A           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | Y        | RWC300210001                                 | 5/1/2025                         | 5/1/2026                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000   |
| E           | Professional Liab<br>incl. Pollution Liab   |           |          | B0146LDUSA2505257                            | 5/1/2025                         | 5/1/2026                         | Per Claim Aggregate \$1,000,000<br>\$1,000,000   |

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

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

a

**CERTIFICATE HOLDER****CANCELLATION**
 Gilchrist County Building Department  
 209 SE 1st St,  
 Trenton, FL 32693

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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|  |  |  |   |
|--|--|--|---|
| <b>PRODUCER</b><br>Edgewood Partners Insurance Agency<br>3780 Mansell Rd. Suite 370<br>Alpharetta GA 30022 | <b>CONTACT NAME:</b> Greyling COI Specialist<br><b>PHONE (A/C. No. Ext):</b> 7706705324<br><b>E-MAIL ADDRESS:</b> greylingcerts@greyling.com | <b>FAX (A/C. No.):</b> 770.670.5324  |   |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |   |
| <b>INSURED</b><br>UES Professional Solutions, LLC<br>4205 Vineland Road, Suite L1<br>Orlando, FL 32811     | UNIVENG  | <b>INSURER A :</b> Greenwich Insurance Company<br><b>INSURER B :</b> Westchester Surplus Lines Insurance Co<br><b>INSURER C :</b> Landmark American Insurance Company<br><b>INSURER D :</b> Navigators Specialty Insurance Company<br><b>INSURER E :</b> Convex Insurance UK Limited<br><b>INSURER F :</b> Aspen Specialty Insurance Company | <b>NAIC #</b><br>22322<br>10172<br>33138<br>36056<br>71499<br>10717 |

**COVERAGES**

CERTIFICATE NUMBER: 801974055

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   |
|-------------|---|-----------|----------|--|----------------------------------|----------------------------------|--|
| A<br>F      | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> \$1M Emp. Benefit<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | RGC300209901<br>CX010NE25                    | 5/1/2025<br>5/1/2025             | 5/1/2026<br>5/1/2026             | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>XS GL Per Occ/Agg \$4,000,000 |
| A           | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         | Y        | RAC943832501                                 | 5/1/2025                         | 5/1/2026                         | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B<br>C<br>D | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   | Y         | Y        | G48816149001<br>LHA606324<br>GA25EXCZ0KKF11C | 5/1/2025<br>5/1/2025<br>5/1/2025 | 5/1/2026<br>5/1/2026<br>5/1/2026 | EACH OCCURRENCE \$9,000,000<br>AGGREGATE \$9,000,000<br>\$   |
| A           | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | Y        | RWC300210001                                 | 5/1/2025                         | 5/1/2026                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000   |
| E           | Professional Liab<br>incl. Pollution Liab   |           |          | B0146LDUSA2505257                            | 5/1/2025                         | 5/1/2026                         | Per Claim Aggregate \$1,000,000<br>\$1,000,000   |

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

\*\*Continuation of Insurers and Coverage\*\*

XS Excess Liability: CXS04959500 - Insurer G: Homesite Assurance Company; NAIC: 11156.

a

**CERTIFICATE HOLDER****CANCELLATION**
 Levy County Building Department  
 P.O. Box 310  
 Bronson, FL 32621

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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## LICENSEE DETAILS

3:59:55 PM 3/10/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>KUSHNER, RICHARD GARY (Primary Name)</b>                |
| Main Address: | <b>462 RIDGEWAY ROAD<br/>SAINT AUGUSTINE Florida 32080</b> |
| County:       | <b>ST. JOHNS</b>   |

### License Information

|                 |                              |
|-----------------|------------------------------|
| License Type:   | <b>Professional Engineer</b> |
| Rank:           | <b>Prof Engineer</b>         |
| License Number: | <b>38705</b>                 |
| Status:         | <b>Current,Active</b>        |
| Licensure Date: | <b>08/10/1987</b>            |
| Expires:        | <b>02/28/2027</b>            |

### Special Qualifications

### Qualification Effective

|                          |                   |
|--------------------------|-------------------|
| <b>Special Inspector</b> | <b>04/03/1990</b> |
|--------------------------|-------------------|

### Alternate Names

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2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**FBPE**  
FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**BOARD OF PROFESSIONAL ENGINEERS**

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE  
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES



**BUTTS, KEITH LATIMER**

9347 SW 84TH STREET  
GAINESVILLE FL 32608

**LICENSE NUMBER: PE53986**

**EXPIRATION DATE: FEBRUARY 28, 2027**

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Department of Business & Professional Regulation

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[AB&T Delinquent Invoice & Activity List Search](#)

## LICENSEE DETAILS

11:07:30 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>ASLAN, ANTHONY WAYNE (Primary Name)</b>   |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                    |
|-----------------|------------------------------------|
| License Type:   | <b>Building Code Administrator</b> |
| Rank:           | <b>Building Code A</b>             |
| License Number: | <b>BU2358</b>                      |
| Status:         | <b>Current,Active</b>              |
| Licensure Date: | <b>07/24/2025</b>                  |
| Expires:        | <b>11/30/2027</b>                  |

### Special Qualifications

### Qualification Effective

|  |
|--|
|  |
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### Alternate Names

|  |
|--|
|  |
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Department of Business & Professional Regulation

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## LICENSEE DETAILS

11:07:20 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>ASLAN, ANTHONY WAYNE (Primary Name)</b>   |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN8028</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>07/28/2020</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                    |                   |
|--------------------|-------------------|
| <b>Building</b>    | <b>03/05/2024</b> |
| <b>Residential</b> | <b>12/20/2020</b> |
| <b>Mechanical</b>  | <b>07/28/2020</b> |
| <b>Plumbing</b>    | <b>03/06/2025</b> |

### Alternate Names

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## LICENSEE DETAILS

11:07:08 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>ASLAN, ANTHONY WAYNE (Primary Name)</b>   |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                |
|-----------------|--------------------------------|
| License Type:   | <b>Standard Plans Examiner</b> |
| Rank:           | <b>Plans Examiner</b>          |
| License Number: | <b>PX4535</b>                  |
| Status:         | <b>Current,Active</b>          |
| Licensure Date: | <b>11/23/2020</b>              |
| Expires:        | <b>11/30/2027</b>              |

### Special Qualifications

### Qualification Effective

|                   |                   |
|-------------------|-------------------|
| <b>Building</b>   | <b>06/03/2024</b> |
| <b>Mechanical</b> | <b>11/23/2020</b> |
| <b>Plumbing</b>   | <b>03/03/2025</b> |

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## LICENSEE DETAILS

11:08:06 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>MCELROY, MARSHALL S (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                    |
|-----------------|------------------------------------|
| License Type:   | <b>Building Code Administrator</b> |
| Rank:           | <b>Building Code A</b>             |
| License Number: | <b>BU1901</b>                      |
| Status:         | <b>Current,Active</b>              |
| Licensure Date: | <b>08/24/2015</b>                  |
| Expires:        | <b>11/30/2027</b>                  |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Continuing Education Exemption</b> | <b>08/24/2025</b> |
|---------------------------------------|-------------------|

### Alternate Names

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## LICENSEE DETAILS

11:08:29 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>MCELROY, MARSHALL S (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN6543</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>06/18/2014</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Building</b>                       | <b>06/18/2014</b> |
| <b>Residential</b>                    | <b>04/11/2019</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

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11:08:17 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>MCELROY, MARSHALL S (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                |
|-----------------|--------------------------------|
| License Type:   | <b>Standard Plans Examiner</b> |
| Rank:           | <b>Plans Examiner</b>          |
| License Number: | <b>PX3511</b>                  |
| Status:         | <b>Current,Active</b>          |
| Licensure Date: | <b>06/18/2014</b>              |
| Expires:        | <b>11/30/2027</b>              |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Building</b>                       | <b>06/18/2014</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

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11:05:00 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>HULST, DAVID L (Primary Name)</b>   |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN8501</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>06/06/2022</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

| Special Qualifications | Qualification Effective |
|------------------------|-------------------------|
| <b>Building</b>        | <b>06/06/2022</b>       |
| <b>Residential</b>     | <b>10/25/2023</b>       |
| <b>Mechanical</b>      | <b>10/25/2023</b>       |
| <b>Plumbing</b>        | <b>12/12/2023</b>       |

### Alternate Names

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## LICENSEE DETAILS

11:05:30 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | HULST, DAVID L (Primary Name)  |
| Main Address: | *Private Address* *Private Address*<br>*Private Address*<br>*Private Address*<br>*Private Address* |

### License Information

|                 |                         |
|-----------------|-------------------------|
| License Type:   | Standard Plans Examiner |
| Rank:           | Plans Examiner          |
| License Number: | PX4897                  |
| Status:         | Current,Active          |
| Licensure Date: | 01/09/2023              |
| Expires:        | 11/30/2027              |

### Special Qualifications

### Qualification Effective

|            |            |
|------------|------------|
| Building   | 01/09/2023 |
| Mechanical | 12/14/2023 |
| Plumbing   | 01/06/2024 |

### Alternate Names

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## LICENSEE DETAILS

11:22:37 AM 12/1/2025

### Licensee Information

|                  |  |
|------------------|--|
| Name:            | <b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>  |
| Main Address:    | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |
| License Mailing: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                                    |
|-----------------|------------------------------------|
| License Type:   | <b>Building Code Administrator</b> |
| Rank:           | <b>Building Code A</b>             |
| License Number: | <b>BU1504</b>                      |
| Status:         | <b>Current,Active</b>              |
| Licensure Date: | <b>08/18/2006</b>                  |
| Expires:        | <b>11/30/2027</b>                  |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Modular 1&amp;2</b>                | <b>12/12/2005</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

### Alternate Names

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN4537</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>04/17/2003</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Building</b>                       | <b>04/17/2003</b> |
| <b>Commercial Electric</b>            | <b>06/05/2003</b> |
| <b>Residential</b>                    | <b>05/05/2003</b> |
| <b>Mechanical</b>                     | <b>06/18/2003</b> |
| <b>Plumbing</b>                       | <b>05/13/2003</b> |
| <b>Residential Electric</b>           | <b>04/17/2003</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>PERNELL, LAWRENCE EDWARD JR (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                                |
|-----------------|--------------------------------|
| License Type:   | <b>Standard Plans Examiner</b> |
| Rank:           | <b>Plans Examiner</b>          |
| License Number: | <b>PX2707</b>                  |
| Status:         | <b>Current,Active</b>          |
| Licensure Date: | <b>06/20/2006</b>              |
| Expires:        | <b>11/30/2027</b>              |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Building</b>                       | <b>06/20/2006</b> |
| <b>Electrical</b>                     | <b>11/14/2007</b> |
| <b>Mechanical</b>                     | <b>10/10/2006</b> |
| <b>Plumbing</b>                       | <b>01/08/2007</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

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## LICENSEE DETAILS

11:09:13 AM 12/1/2025

### Licensee Information

|                   |  |
|-------------------|--|
| Name:             | <b>SAPP, STEVEN GERALD (Primary Name)</b>  |
| Main Address:     | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |
| License Location: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN3217</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>05/06/1998</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|  |                   |
|--|-------------------|
| <b>Building Residential Continuing Education Exemption</b> | <b>06/27/2024</b> |
|--|-------------------|

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## LICENSEE DETAILS

11:08:51 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>GREEN, SETH LEVI (Primary Name)</b>                   |
| Main Address: | <b>6207 NW COUNTY ROAD 235<br/>ALACHUA Florida 32615</b> |
| County:       | <b>ALACHUA</b>   |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN7696</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>04/22/2019</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

| Special Qualifications | Qualification Effective |
|------------------------|-------------------------|
| <b>Building</b>        | <b>04/22/2019</b>       |
| <b>Residential</b>     | <b>08/23/2019</b>       |

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11:11:35 AM 12/1/2025

### Licensee Information

|                  |  |
|------------------|--|
| Name:            | <b>HAYES, CHARLES V. (Primary Name)</b>  |
| Main Address:    | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |
| License Mailing: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN5656</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>01/24/2007</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Building</b>                       | <b>11/24/2008</b> |
| <b>Plumbing</b>                       | <b>01/24/2007</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

### Alternate Names

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## LICENSEE DETAILS

11:11:56 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | MITCHELL, JED D (Primary Name)   |
| Main Address: | *Private Address* *Private Address*<br>*Private Address*<br>*Private Address*<br>*Private Address* |

### License Information

|                 |                    |
|-----------------|--------------------|
| License Type:   | Standard Inspector |
| Rank:           | Inspector          |
| License Number: | BN6357             |
| Status:         | Current,Active     |
| Licensure Date: | 06/23/2011         |
| Expires:        | 11/30/2027         |

### Special Qualifications

### Qualification Effective

|                                |            |
|--------------------------------|------------|
| Electrical Inspector           | 06/23/2011 |
| Continuing Education Exemption | 06/27/2024 |

### Alternate Names

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## LICENSEE DETAILS

11:24:32 AM 12/1/2025

### Licensee Information

|                   |  |
|-------------------|--|
| Name:             | <b>DASHER, WILLIAM P JR (Primary Name)</b>   |
| Main Address:     | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |
| License Location: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN4118</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>07/18/2001</b>         |
| Expires:        | <b>11/30/2027</b>         |

| Special Qualifications | Qualification Effective |
|------------------------|-------------------------|
|------------------------|-------------------------|

|  |                   |
|--|-------------------|
| <b>Commercial Electric</b>                                 | <b>11/21/2006</b> |
| <b>Residential Electric Continuing Education Exemption</b> | <b>06/27/2024</b> |

### Alternate Names

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## LICENSEE DETAILS

11:24:20 AM 12/1/2025

### Licensee Information

|                   |  |
|-------------------|--|
| Name:             | <b>DASHER, WILLIAM P JR (Primary Name)</b>   |
| Main Address:     | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |
| License Mailing:  | <b>14988 SW 46TH CIRCLE<br/>OCALA FL 34473</b>   |
| County:           | <b>MARION</b>  |
| License Location: | <b>14988 SW 46TH CIRCLE<br/>OCALA FL 34473</b>   |
| County:           | <b>MARION</b>  |

### License Information

|                 |                                |
|-----------------|--------------------------------|
| License Type:   | <b>Standard Plans Examiner</b> |
| Rank:           | <b>Plans Examiner</b>          |
| License Number: | <b>PX1973</b>                  |
| Status:         | <b>Current,Active</b>          |
| Licensure Date: | <b>11/02/2001</b>              |
| Expires:        | <b>11/30/2027</b>              |

### Special Qualifications

| Special Qualifications                           | Qualification Effective |
|--|-------------------------|
| <b>Electrical Continuing Education Exemption</b> | <b>06/27/2024</b>       |

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## LICENSEE DETAILS

11:09:59 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>WINBURN, MARCUS A (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                    |
|-----------------|------------------------------------|
| License Type:   | <b>Building Code Administrator</b> |
| Rank:           | <b>Building Code A</b>             |
| License Number: | <b>BU2122</b>                      |
| Status:         | <b>Current,Active</b>              |
| Licensure Date: | <b>12/07/2020</b>                  |
| Expires:        | <b>11/30/2027</b>                  |

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>WINBURN, MARCUS A (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                   |
|-----------------|-----------------------------------|
| License Type:   | <b>Residential Plans Examiner</b> |
| Rank:           | <b>Residential</b>                |
| License Number: | <b>RPX320</b>                     |
| Status:         | <b>Current,Active</b>             |
| Licensure Date: | <b>10/23/2019</b>                 |
| Expires:        | <b>11/30/2027</b>                 |

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>WINBURN, MARCUS A (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN7433</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>06/21/2018</b>         |
| Expires:        | <b>11/30/2027</b>         |

| Special Qualifications | Qualification Effective |
|------------------------|-------------------------|
|------------------------|-------------------------|

|                             |                   |
|-----------------------------|-------------------|
| <b>Building</b>             | <b>06/21/2018</b> |
| <b>Coastal Construction</b> | <b>08/16/2019</b> |
| <b>Electrical Inspector</b> | <b>01/16/2022</b> |
| <b>Residential</b>          | <b>10/15/2018</b> |
| <b>Mechanical</b>           | <b>02/27/2020</b> |
| <b>Plumbing</b>             | <b>03/10/2022</b> |

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>WINBURN, MARCUS A (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                |
|-----------------|--------------------------------|
| License Type:   | <b>Standard Plans Examiner</b> |
| Rank:           | <b>Plans Examiner</b>          |
| License Number: | <b>PX4177</b>                  |
| Status:         | <b>Current,Active</b>          |
| Licensure Date: | <b>10/29/2018</b>              |
| Expires:        | <b>11/30/2027</b>              |

### Special Qualifications

### Qualification Effective

|                   |                   |
|-------------------|-------------------|
| <b>Building</b>   | <b>10/29/2018</b> |
| <b>Electrical</b> | <b>01/22/2022</b> |
| <b>Mechanical</b> | <b>03/02/2020</b> |
| <b>Plumbing</b>   | <b>03/11/2022</b> |

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                   |
|-----------------|-----------------------------------|
| License Type:   | <b>Residential Plans Examiner</b> |
| Rank:           | <b>Residential</b>                |
| License Number: | <b>RPX511</b>                     |
| Status:         | <b>Current,Active</b>             |
| Licensure Date: | <b>09/03/2025</b>                 |
| Expires:        | <b>11/30/2027</b>                 |

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN8956</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>11/20/2023</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                    |                   |
|--------------------|-------------------|
| <b>Building</b>    | <b>04/03/2024</b> |
| <b>Residential</b> | <b>11/20/2023</b> |

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## LICENSEE DETAILS

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### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN8956</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>11/20/2023</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                    |                   |
|--------------------|-------------------|
| <b>Building</b>    | <b>04/03/2024</b> |
| <b>Residential</b> | <b>11/20/2023</b> |

### Alternate Names

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## LICENSEE DETAILS

11:06:04 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>AGEE, DERWOOD RICKY (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                   |
|-----------------|-----------------------------------|
| License Type:   | <b>Residential Plans Examiner</b> |
| Rank:           | <b>Residential</b>                |
| License Number: | <b>RPX358</b>                     |
| Status:         | <b>Current,Active</b>             |
| Licensure Date: | <b>10/20/2021</b>                 |
| Expires:        | <b>11/30/2027</b>                 |

### Special Qualifications

### Qualification Effective

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## LICENSEE DETAILS

11:06:17 AM 12/1/2025

### Licensee Information

|                  |  |
|------------------|--|
| Name:            | <b>AGEE, DERWOOD RICKY (Primary Name)</b>  |
| Main Address:    | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |
| License Mailing: | <b>*Private Address* *Private Address*<br/>*Private Address*<br/>*Private Address*<br/>*Private Address*</b> |

### License Information

|                 |                           |
|-----------------|---------------------------|
| License Type:   | <b>Standard Inspector</b> |
| Rank:           | <b>Inspector</b>          |
| License Number: | <b>BN5357</b>             |
| Status:         | <b>Current,Active</b>     |
| Licensure Date: | <b>05/17/2006</b>         |
| Expires:        | <b>11/30/2027</b>         |

### Special Qualifications

### Qualification Effective

|                                       |                   |
|---------------------------------------|-------------------|
| <b>Building</b>                       | <b>05/17/2006</b> |
| <b>Residential</b>                    | <b>01/23/2021</b> |
| <b>Continuing Education Exemption</b> | <b>06/27/2024</b> |

### Alternate Names

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## LICENSEE DETAILS

11:06:39 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>AGEE, DERWOOD RICKY (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                |
|-----------------|--------------------------------|
| License Type:   | <b>Standard Plans Examiner</b> |
| Rank:           | <b>Plans Examiner</b>          |
| License Number: | <b>PX4675</b>                  |
| Status:         | <b>Current,Active</b>          |
| Licensure Date: | <b>10/18/2021</b>              |
| Expires:        | <b>11/30/2027</b>              |

| Special Qualifications | Qualification Effective |
|------------------------|-------------------------|
|------------------------|-------------------------|

|                 |                   |
|-----------------|-------------------|
| <b>Building</b> | <b>10/18/2021</b> |
|-----------------|-------------------|

### Alternate Names

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## LICENSEE DETAILS

11:11:02 AM 12/1/2025

### Licensee Information

|               |  |
|---------------|--|
| Name:         | <b>HOLCOMBE, ASHLEY LUKE (Primary Name)</b>  |
| Main Address: | <b>*Private Address* *Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b><br><b>*Private Address*</b> |

### License Information

|                 |                                   |
|-----------------|-----------------------------------|
| License Type:   | <b>Residential Plans Examiner</b> |
| Rank:           | <b>Residential</b>                |
| License Number: | <b>RPX511</b>                     |
| Status:         | <b>Current,Active</b>             |
| Licensure Date: | <b>09/03/2025</b>                 |
| Expires:        | <b>11/30/2027</b>                 |

### Special Qualifications

### Qualification Effective

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### Alternate Names

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