

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

(Form # 61g20-2.005-2002-01 : Effective January 1, 2025)

**Columbia County, Florida
Building Department**
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

Project Name: _____

Parcel Tax ID: _____

Services to be provided: ☐ Plans Review ☐ Inspections ☐ Both

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I _____, the ☐ fee owner/ ☐ fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____

Email: _____

Florida License/Registration/Certification #: _____

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand that the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, or within 2 business days before the next scheduled

inspection, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire prevention, fire safety, land use, environmental or other codes.

The following attachments are provided, as required:

- Qualification statements and/or resumes of the private provider and all duly authorized representatives
- A certificate of insurance as required by section 553.791(18), Florida Statutes
- Plan Compliance Affidavit (if plan review is completed by private provider)

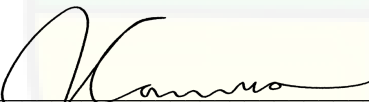
Individual

Print Name

Address (line 1)

Address (line 2)

Telephone Number


Signature

Date

Corporation

Print Name

Representative Name

Address (line 1)

Address (line 2)

Telephone Number

Signature

Date



NOTICE TO BUILDING OFFICIAL

Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 1, 2025
61G20-2.005, F.A.C.

Project Name: _____

Parcel Tax ID: _____

Services to be provided:

☐ Plans Review

☒ Inspections

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I _____, the

☐ fee owner / ☐ fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: Florida Municipal Inspection Services LLC

Private Provider: James Reeves

Address: 10395 Seminole Blvd. Largo FL, 33778 Suite J

Telephone: (727)686-6735

Email Address: Lucas@FLinspected.com

Florida License, Registration or Certificate #: Building Code Administrator BU2097

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- 2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Print name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

_____
Signature Date

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature Date



RESUMES/ STATE OF FLORIDA LICENSES



RESUME
JAMES E REEVES
9605 125 TH ST
SEMINOLE FL 33772
727-686-6735

- Reeves Builders Fl. licensed Residential / Building / Roofing Contractor 1997 to present
- Tempco A/C & Refrigeration Inc. Fl. licensed A/C – Plumbing Contractor 2017 to present
- Safebuilt Inc. Commercial and Residential Inspector 2018 to 2019
- Pinellas County Gov. Commercial and Residential Inspector 2019 to 2020
- City Of Seminole Building Official 2021 to present

Licensed 1&2 Family Inspector 2019

Licensed Building Inspector 2019

Licensed Building Code Administrator 2020

Commercial Mechanical Inspector 2020



10395 Seminole Blvd
Seminole Fl. 33778
727-686-6735

Names, License/Certificate Numbers, and License description of provider, and **Duly authorized agents** who will be providing services on this project.

Name:	License/Cert. No	License/Cert Type
James Reeves	BU2097	Building Official
	BN7566	1 & 2 Family
	RPX498	Commercial Building
		Commercial Mechanical
		Residential Plans Examiner

Perry Lucas Hendershott BN5232 / PX2757
Commercial Plumbing & Mechanical Inspector
Commercial Plumbing & Mechanical Plans Examiner

Resume: Pinellas County PLBG/MECH/GAS Inspector & Plans Examiner 2005-2023



FLORIDA MUNICIPAL INSPECTIONS

10395 Seminole Blvd
Seminole Fl. 33778
727-686-6735

Names, License/Certificate Numbers, and License description of provider, and duly authorized agents who will be providing services on this project.

Name:	License/Cert. No	License/Cert Type
James Reeves	BU2097 BN7566 RP	Building Official 1 & 2 Family Residential Plans Examiner
Commercial Building Commercial Mechanical		
Perry Lucas Hendershott	BN5232 / PX2757	
Commercial Plumbing & Mechanical Inspector / Commercial Plumbing & Mechanical Plans Examiner		
Resume- FMI 2023-PRESENT Pinellas County Inspector/Plans Examiner From 2005-2023 PLBG,GAS, MECH.		
Brian Reeves	BN8091	Commercial Building Commercial Mechanical
Resume- Pinellas County PCCLB Investigator & Inspector BLDG,MECH Trade 2018-2021		
Jesus Pineiro	BN8058	Commercial Mechanical
Resume- Licensed Inspector, FMI, 2024-present Owner, Pineiro Inc., 2000-2020		
Richard Santos	BN1781 PX2091	Commercial Building Commercial Mechanical
Resume- Licensed Inspector, FMI, 2025-present Plan Reviewer, NOVA, 2022-2025 Inspector, SAFEBuilt LLC, 2020-2022		
David Chandler	PBI2742	Commercial Building
Resume- Licensed Inspector, FMI, 2025-present Licensed Specialty Construction Contractor and Flatwork Masonry Contractor 2018 – 2022. Owner, Construction Business, 2000-2025 Building Inspector, Pinellas County, 2022-2025		
Ezzuldien Elgayar	BN6415	Commercial Building
Resume- Licensed Inspector, FMI, 2025-present Licensed Inspector, Various Roles, 1995-2025 Owner, ELG Properties, 1996-2008		
Todd Francis	BN8148	Commercial Building
Resume- Licensed Inspector, FMI, 2022-present Licensed Inspector, JPI, 2021-2022 Code Enforcement, Permitting, Contractor Licensing, Pinellas County, 1991-2021		



10395 Seminole Blvd
Seminole Fl. 33778
727-686-6735

FLORIDA MUNICIPAL INSPECTIONS

Names, License/Certificate Numbers, and License description of provider, and duly authorized agents who will be providing services on this project.

John Kostreles

BN3807 PX2152

Commercial Mechanical

Resume-

Residential contractor from 1988-1998

Pinellas County Building Dept Building Inspector
& Building Plans Examiner 1998-2021

Kenneth Carter

BN3596 PX1901

Commercial Mechanical

Resume-

Licensed Inspector, FMI, 2024-present
Pinellas County Building Dept Building Inspector
& Building Plans Examiner 1998-2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2025

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).

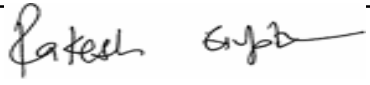
PRODUCER BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME:	
	PHONE (A/C, No, Ext): 844-472-0967	FAX (A/C, No): 203-654-3613
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	E-MAIL ADDRESS: customerservice@biBERK.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Berkshire Hathaway Direct Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
10391		

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						EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			N9UM448607	05/02/2025	05/02/2026	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/Aggregate

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

CERTIFICATE HOLDER	CANCELLATION
Columbia County 135 NE Hernando Ave, Suite B21 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2025

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PRODUCER BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME:	
	PHONE (A/C, No, Ext): 844-472-0967	FAX (A/C, No): 203-654-3613
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	E-MAIL ADDRESS: customerservice@biBERK.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Liability & Fire Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
20052		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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						EACH OCCURRENCE \$ 0
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0
							MED EXP (Any one person) \$ 0
							PERSONAL & ADV INJURY \$ 0
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 0
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 0
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N9WC679779	05/02/2025	05/02/2026	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/Aggregate

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

Exclusions: James Reeves;

CERTIFICATE HOLDER	CANCELLATION
Columbia County 135 NE Hernando Ave, Suite B21 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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	PHONE (A/C, No, Ext): 844-472-0967	FAX (A/C, No): 203-654-3613
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	E-MAIL ADDRESS: customerservice@biBERK.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Berkshire Hathaway Direct Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
10391		

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	Professional Liability (Errors & Omissions): Claims-Made			N9PL395766	05/02/2025	05/02/2026	Per Occurrence/Aggregate
							\$1,000,000/\$2,000,000

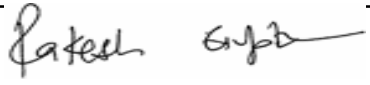
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Columbia County
135 NE Hernando Ave, Suite B21
Lake City, FL 32055

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 

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2025

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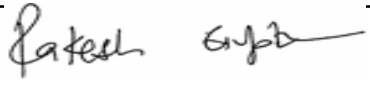
PRODUCER BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME:	
	PHONE (A/C, No, Ext): 844-472-0967	FAX (A/C, No): 203-654-3613
INSURED Florida Municipal Inspection Services, LLC 10395 Seminole Blvd Seminole, FL 33778	E-MAIL ADDRESS: customerservice@biBERK.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Berkshire Hathaway Direct Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
10391		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			N9BP681886	05/02/2025	05/02/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<input checked="" type="checkbox"/> OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/Aggregate	

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

CERTIFICATE HOLDER Columbia County 135 NE Hernando Ave, Suite B21 Lake City, FL 32055	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 
---	--



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/23/2025

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.

PRODUCER	CONTACT NAME:
BIBERK	PHONE (A/C, No, Ext): (844) 472-0967
P.O. Box 113247	FAX (A/C, No): (203) 654-3613
Stamford, CT 06911	E-MAIL ADDRESS: salessupport@biberk.com
	PRODUCER CUSTOMER ID:
	INSURER(S) AFFORDING COVERAGE
	NAIC #
INSURED	INSURER A : Berkshire Hathaway Direct Insurance Compai
Florida Municipal Inspection Services, LLC	INSURER B :
10395 Seminole Blvd	INSURER C :
Seminole, FL 33778	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 10395 Seminole BlvdSeminole, FL 33778
Bldg #001: Inspection and Appraisal Companies (Office) - 6383101

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
X	PROPERTY		N9BP681886	05/02/2025	05/02/2026	BUILDING	\$ 0
	CAUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$ 0
		BUILDING				BUSINESS INCOME	\$ 0
	BASIC	250				EXTRA EXPENSE	\$ 0
	BROAD	CONTENTS				RENTAL VALUE	\$
	X SPECIAL					BLANKET BUILDING	\$ n/a
	EARTHQUAKE					BLANKET PERS PROP	\$ n/a
	WIND					BLANKET BLDG & PP	\$ n/a
	FLOOD						\$
							\$
	INLAND MARINE	TYPE OF POLICY					\$
	CAUSES OF LOSS						\$
	NAMED PERILS	POLICY NUMBER					\$
							\$
	CRIME						\$
	TYPE OF POLICY						\$
							\$
							\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

Columbia County
135 NE Hernando Ave, Suite B21
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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LICENSEE DETAILS

4:12:45 PM 10/23/2024

Licensee Information

Name: **PINEIRO, JESUS (Primary Name)**
Main Address: ***Private Address* *Private Address* *Private Address* *Private Address* *Private Address***

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX4915**
Status: **Current,Active**
Licensure Date: **02/22/2023**
Expires: **11/30/2025**

Special Qualifications

Qualification Effective

Mechanical 02/22/2023

Alternate Names

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4:12:13 PM 10/23/2024

Licensee Information

Name:	PINEIRO, JESUS (Primary Name)
Main Address:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN8058
Status:	Current,Active
Licensure Date:	08/31/2020
Expires:	11/30/2025

Special Qualifications Qualification Effective

Residential	04/16/2024
Mechanical	08/31/2020

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Search](#)[View Application Status](#)[Find Exam Information](#)[Unlicensed Activity Search](#)[AB&T Delinquent Invoice & Activity
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12:55:21 PM 2/12/2025

Licensee Information

Name:	SANTOS, RICHARD R (Primary Name)
Main Address:	10608 BRANCHTON CHURCH RD THONOTOSASSA Florida 33592-2210
County:	HILLSBOROUGH

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN1781
Status:	Current,Active
Licensure Date:	08/05/1994
Expires:	11/30/2025

**Special
Qualifications****Qualification Effective**

Building	
Commercial	
Electric	11/21/2006
Mechanical	11/21/2006
Plumbing	05/08/2002
Residential	
Electric	
Continuing	
Education	06/27/2024
Exemption	

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LICENSEE DETAILS

12:56:44 PM 2/12/2025

Licensee Information

Name:	SANTOS, RICHARD R (Primary Name)
Main Address:	10608 BRANCHTON CHURCH RD THONOTOSASSA Florida 33592-2210
County:	HILLSBOROUGH

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX2091
Status:	Current,Active
Licensure Date:	07/22/2002
Expires:	11/30/2025

Special Qualifications

Qualification Effective

Building	03/18/2003
Electrical	03/18/2003
Mechanical	07/22/2002
Plumbing	07/22/2002
Continuing Education Exemption	06/27/2024

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LICENSEE DETAILS

1:40:03 PM 4/30/2025

Licensee Information

Name:	CARTER, KENNETH W (Primary Name)
Main Address:	5114 FARNSWORTH LN. NEW PORT RICHEY Florida 34653
County:	PASCO
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Inspector
Rank:	Inspector
License Number:	BN3596
Status:	Current,Active
Licensure Date:	08/19/1999
Expires:	11/30/2025

Special Qualifications

Qualification Effective

Building Commercial Electric	11/21/2006
Residential Electric	
Continuing Education Exemption	06/27/2024

Alternate Names

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LICENSEE DETAILS

1:48:34 PM 4/30/2025

Licensee Information

Name:	CARTER, KENNETH W (Primary Name)
Main Address:	5114 FARNSWORTH LN. NEW PORT RICHEY Florida 34653
County:	PASCO
License Location:	*Private Address* *Private Address* *Private Address* *Private Address* *Private Address*

License Information

License Type:	Standard Plans Examiner
Rank:	Plans Examiner
License Number:	PX1901
Status:	Current,Active
Licensure Date:	04/18/2001
Expires:	11/30/2025

Special Qualifications

Special Qualifications	Qualification Effective
Building Electrical Continuing Education Exemption	03/27/2002 06/27/2024

Alternate Names

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

BLDG

MYERS, TODD FRANCIS

PO BOX 7431

CLEARWATER FL 33758

LICENSE NUMBER: BN8148

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 11/29/2023

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

CHANDLER, DAVID WAYNE

725 CAPRI BLVD

TREASURE ISLAND FL 33706

LICENSE NUMBER: PB12742

EXPIRATION DATE: FEBRUARY 13, 2026

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ISSUED: 02/20/2024

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BLDG, MECH

REEVES, BRIAN JAMES

13522 87TH AVE N

SEMINOLE FL 33776

LICENSE NUMBER: BN8091

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 10/13/2023

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REEVES, JAMES E

9605 125TH STREET
SEMINOLE FL 33772

LICENSE NUMBER: BU2097

EXPIRATION DATE: NOVEMBER 30, 2025

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BLDG

REEVES, JAMES E

9605 125TH STREET

SEMINOLE FL 33772

LICENSE NUMBER: PX5029

EXPIRATION DATE: NOVEMBER 30, 2025

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RESI, BLDG, MECH

REEVES, JAMES E

9605 125TH STREET

SEMINOLE FL 33772

LICENSE NUMBER: BN7566

EXPIRATION DATE: NOVEMBER 30, 2025

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PLUM, MECH

HENDERSHOT, PERRY LUCAS

2810 LAKE TARPON DRIVE
PALM HARBOR FL 34684

LICENSE NUMBER: PX2757

EXPIRATION DATE: NOVEMBER 30, 2025

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

PLUM, MECH

HENDERSHOTT, PERRY LUCAS

2810 LAKE TARPON DRIVE
PALM HARBOR FL 34684

LICENSE NUMBER: BN5232

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 10/13/2023

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BUILDING CODE ADMINISTRATORS & INSPECTOR

LICENSE NUMBER: BN6415

EXPIRATION DATE: NOVEMBER 30, 2025

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
BLDG

ELGAYAR, EZZULDIEN H
1441 GARY ROAD
LAKELAND FL 33801



ISSUED: 09/07/2023

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DRIVERS LICENSES OF INSPECTORS

Florida DRIVER LICENSE

H536-672-77-267-0 CLASS E

HENDERSHOTT
PERRY LUCAS

DOB 07/27/1977 SEX M
EXP 07/27/2028 HGT 5'-08"
REST NONE END NONE

SAFE DRIVER
ISS 07/21/2020
SDD J702607210082

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Florida DRIVER LICENSE

R421-427-38-000-0 CLASS E

REEVES
JAMES

DOB 06/20/1959 SEX M
EXP 06/20/2033 HGT 6'-04"
REST NONE END NONE

SAFE DRIVER
ISS 01/15/2025
SDD J722501150012

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Florida DRIVER LICENSE

P560-420-76-370-0 CLASS E

PINEIRO
JESUS

DOB 10/10/1976 SEX M
EXP 10/10/2026 HGT 5'-07"
REST NONE END NONE

SAFE DRIVER
ISS 10/16/2018
SDD J7218160035

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Florida DRIVER LICENSE

S532-756-54-049-0 CLASS E

SANTOS
RICHARD ROYAL

DOB 01/09/1954 SEX M
EXP 05/09/2030 HGT 5'-01"
REST NONE END NONE

SAFE DRIVER
ISS 01/09/2022
SDD K0209020000

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Florida DRIVER LICENSE

C534-179-64-222-0 CLASS E

CHANDLER
DAVID WAYNE

DOB 06/22/1964 SEX M
EXP 06/22/2027 HGT 6'-01"
REST NONE END A

SAFE DRIVER
ISS 08/05/2019
SDD J732201970085

REPLACED 01/07/2022

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

VETERAN

Florida DRIVER LICENSE

M620-806-57-334-0 CLASS F

DOB 06/22/1964 SEX M
EXP 06/22/2027 HGT 6'-01"
REST NONE END NONE

SAFE DRIVER
ISS 07/16/2022
SDD J0306071600

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

VETERAN

Florida DRIVER LICENSE

E426-203-56-208-0 CLASS E

DOB 04/08/1984 SEX M
EXP 04/08/2028 HGT 6'-04"
REST A END NONE

SAFE DRIVER
ISS 04/20/2018
SDD J71184040000

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Florida DRIVER LICENSE


R120-070-128-0 CLASS E

REEVES
BRIAN JAMES

DOB 04/08/1984 SEX M
EXP 04/08/2028 HGT 6'-04"
REST A END NONE

SAFE DRIVER
ISS 04/20/2018
SDD J71184040000

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Florida DRIVER LICENSE  USA

4d DLN **C636-519-58-086-0** 9 CLASS E

1 **CARTER**
2 **KENNETH WAYNE**

3 DOB **03/06/1958** 15 SEX **M**
4b EXP **03/06/2028** 16 HGT **5'-00"**
12 REST **B** 9a END **A**

4a ISS **01/24/2020**
5 DD **L712001240134**

Operation of a motor vehicle constitutes consent to any sobriety test required by law

Florida DRIVER LICENSE  USA

4d DLN **M625-565-59-020-0** 9 CLASS E


1 **MARCUM**
2 **MARTIN EDWARD**

3 DOB **01/20/1959** 15 SEX **M**
4b EXP **01/20/2028** 16 HGT **5'-11"**
12 REST **B** 9a END **NONE**

SAFE DRIVER
4a ISS **01/11/2021**
5 DD **X652404031900**
REPLACED **04/03/2024**

Operation of a motor vehicle constitutes consent to any sobriety test required by law

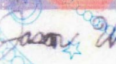

Florida DRIVER LICENSE  USA

4d DLN **W600-428-82-226-0**


1 **WARR**
2 **JASON HUNTER**

3 DOB **06/26/1982** 15 SEX **M**
4b EXP **06/26/2028** 16 HGT **5'-10"**
12 REST **NONE** 9a END **NONE**

SAFE DRIVER
4a ISS **07/28/2020**
5 DD **J722007280234**

Operation of a motor vehicle constitutes consent to any sobriety test required by law



Florida DRIVER LICENSE  USA

4d DLN **K377-761-50-000-0** 9 CLASS E

1 **KOSTRELES**
2 **JOHN ANGELO JR**

3 DOB **06/09/1955** 15 SEX **M**
4b EXP **06/09/2033** 16 HGT **5'-06"**
12 REST **B** 9a END **NONE**

SAFE DRIVER
4a ISS **04/07/2025**
5 DD **L702504070094**

Operation of a motor vehicle constitutes consent to any sobriety test required by law