

**CONTRACTOR'S GENERAL INFORMATION WORK SHEET / QUESTIONNAIRE**  
**eBID #20240120**

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at JULY, this 26 day of 2024  
(Location)

Name of Organization/Contractor: SULLIVAN ELECTRIC & PUMP INC.

By: Gary Sullivan - President  
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? CORPORATION
2. Firm's name and main office address, telephone and fax numbers

Name: SULLIVAN ELECTRIC & PUMP INC.

Address: 1942 8TH AVE. NORTH , LAKE WORTH, FL. 33461

Telephone Number: 561-588-5886

Fax Number: 561-582-9344

3. Contact person: GARY SULLIVAN Email: GARY@SULLIVANELECTRIC-PUMP.COM

4. Firm's previous names (if any). SULLIVAN ELECTRIC INC.

5. How many years has your organization been in business? 42 YEARS

6. Total number of staff at this location: 35 Total number of staff on the Treasure Coast:  
0

7. Is the Firm a minority business: YES  NO   
If not, is your company planning to implement such a program? no

8. Is the firm claiming Local Preference under City Ordinance 35.14? YES  / NO

9. List the license(s) that qualifies your firm to construct this project:

EC-0001117

10. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued

11. **BID RESPONSE:**

11.1 Bidder will / will not accept the Purchasing Card (Visa).  
(please circle one)

11.2 Percentage of discount when payment is made with Visa: 0 %  
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be considered in the bid award. If no such percentage is given, the City shall assume a zero (0) percent discount applies.*

11.3 Bid Reply Total from Cost Worksheet – Schedule “A”: \$ \$19,285.00  
*(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20240120 uploaded on Demand Star will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)*

<b><u>PARKS AND RECREATION</u></b>					
Line Item No.	Description (Pump Stations)	Unit	Quantity	Per Inspection	Annual Cost
1	CITY HALL PUMP STATION	EA	4	\$0.00	\$0.00
2	SAINTS GOLF COURSE PUMP STATION	EA	4	\$0.00	\$0.00
3	McCHESNEY PARK - WEST PUMP STATION	EA	4	\$0.00	\$0.00

17	MIDFLORIDA EVENT CENTER- FOUNTIAN(S)	2- EA	1	\$0.00	\$0.00
18	<b>TOTAL BASE BID AMOUNT</b>			\$0.00	<b>\$0.00</b>

<b><u>PUBLIC WORKS</u></b>					
12	CITY OF PSL CROSSTOWN SECTION 6	EA	1	\$0.00	\$0.00
13	CITY CENTER IRRIGATION	EA	1	\$0.00	\$0.00
14	CITY CENTER REFILL	EA	1	\$0.00	\$0.00
15	VILLAGE PARKWAY IRRIGATION	EA	1	\$0.00	\$0.00
16	BECKER I-95 WEST IRRIGATION	EA	1	\$0.00	\$0.00
17	BECKER I-95 WEST REFILL	EA	1	\$0.00	\$0.00
18	BECKER I-95 EAST IRRIGATION	EA	1	\$0.00	\$0.00
19	BECKER PHASE 2 IRRIGATION	EA	1	\$0.00	\$0.00
20	BECKER PHASE 2 REFILL	EA	1	\$0.00	\$0.00
21	CROSSTOWN PARKWAY SECTION 5 IRRIGATION	EA	1	\$0.00	\$0.00
22	BECKER ROAD /TURNPIKE EAST IRRIGATION	EA	1	\$0.00	\$0.00
23	<b>TOTAL BASE BID AMOUNT</b>				<b>\$0.00</b>

LINE ITEMS	DESCRIPTION	Unit	Price		
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24	NON-EMERGENCY MISCELLANEOUS LABOR RATE	HR	\$0.00		
25	EMERGENCY LABOR RATE - 24- HOUR RESONSE TIME REQUIRED	HR	\$0.00		
26	PORTABLE WELDING SERVICES	HR	\$0.00		
27	CRANE SERVICES - COST PLUS % MARKUP	%	0%		
28	PARTS & MISCELLANEOUS MATERIALS - COST PLUS MARKUP	%	0%		

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the "Total" column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City's opinion such a split is in the best interest of the City.

**Interpretation of the Approximate Quantities** - The Bidder's attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

12. List five (5) similar projects performed for government organizations similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, clients name, phone number, email, value of contract, your firm's percentage of the total contract value as well as the number of change orders and the total change order value.  
**DO NOT USE the City of Port St Lucie as a reference.**

**Project Number 1**

Project Name:	Lift Station Preventative Maintenance
Description:	Perform Preventative maintance on all lift stations within the city
Location:	City of Weston, FL.

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Client Name and Phone Number: Jim Moreo 954-558-0025

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Email: [jmoreo@westonfl.org](mailto:jmoreo@westonfl.org)

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Value of Total Contract: \$10,500.00

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Date of Completion: 6/26/26

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: yes

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Was Project Completed within Budget? yes

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**Project Number 2**

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Project Name: Park Irrigation Preventative Maintenance

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Description: Perform Prevention Maintenance on all City Park irrigation pump stations

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Location: City of Weston, FL.

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Client Name and Phone Number: Andy Matusевич - 9954-675-3448

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Email: [amatusевич@westonfl.org](mailto:amatusевич@westonfl.org)

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Value of Total Contract: \$4500.00

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Date of Completion: 7/7/22

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: yes

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Was Project Completed within Budget? yes

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**Project Number 3**

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Project Name: Gumbo Limbo Park Preventative Maintenance -

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Description: perform Preventive Maintenance on Park pump station every month

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Location: City of Boca Raton, FL.

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Client Name and Phone Number: Keith Herman - 561-544-8618

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Email: [KHerman@ci.boca-raton.fl.us](mailto:KHerman@ci.boca-raton.fl.us)

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Value of Total Contract: \$485.00 X 12 + \$5820.00

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Date of Completion: 6/11/2024

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: yes

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Was Project Completed within Budget? yes

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**Project Number 4**

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Project Name: Irrigation pump station Preventative Maintenance

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Description: perform Preventative Maintenance on irrigation pump stations

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Location: Town of Jupiter

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Client Name and Phone Number: Hector 561-262-4677

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Email: CatherineMo@jupiter.fl.us

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Value of Total Contract: \$1650.00

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Date of Completion: 5/29/24

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: 0

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Value of Change Orders: 0

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Was Project Completed on Schedule: yes

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Was Project Completed within Budget? yes

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**Project Number 5**

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Project Name: Irrigation pump station preventative maintenance

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Description: performed Preventative Maintenance on irrigation pump stations

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Location: Boca Raton Municipal Golf Club

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Client Name and Phone Number: Mike Diroberto 561-212-9416

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Email: diroberto@-myboca.us

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Value of Total Contract: \$825.00

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Date of Completion: 09/23/23

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders:	0
Value of Change Orders:	0
Was Project Completed on Schedule:	yes
Was Project Completed within Budget?	yes

13. How will the Contractor be able to meet the project timeline and budget given the current workload, materials, work force and equipment?

Sullivan Electric has performed Preventative Maintenance on the Cities pump stations for many years. We will schedule the service when called for and will make sure that all reports are sent in a timely manner.

14. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

We have (5) senior technicians that have worked on the different locations many times.  
 George Hanscom, John Bates, Armondo Pompa, Craig Barbaree and Edward Gomez. All employees are certificate to work on irrigation pump stations.

15. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

16. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ( )

No (X)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

N/A

(N/A is not an acceptable answer - insert lines if needed)

18. List any judgments from lawsuits in the last five (5) years:

N/A

(N/A is not an acceptable answer - insert lines if needed)

19. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

N.A

(N/A is not an acceptable answer - insert lines if needed)

20. List subcontractors and major material suppliers for the project. Include the duties that will be assigned to them, email addresses and telephone numbers. Insert additional sheets if necessary. **Attach all licenses and certifications that qualify them to perform the work**

N/A

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21. Please supply cost for 24 Hours response time to Emergencies .

How much per hour per visit \$180.00

Non- Emergency Service Call Rate \$120.00



22. Capable of removing pumps / motors  YES or NO \_\_\_\_\_  
 In House Yes or Contracted \_\_\_\_\_  
 Is cost included YES \_\_\_\_\_ or  NO \_\_\_\_\_  
 If cost is not included what is the additional cost \$225<sup>00</sup> an hour
23. Capable of repairing motors / pumps  YES in-house or NO \_\_\_\_\_
24. Portable Welding Service  YES or NO \_\_\_\_\_  
 If yes cost per hour \$99.<sup>00</sup>
25. Are there any discounts for Government Agencies  YES \_\_\_\_\_
26. Will provide copies of work performed for this project ( maintenance log )  
 YES or NO \_\_\_\_\_
27. Agree no repairs will be done unless approved by the Contract Supervisor  
 YES or NO \_\_\_\_\_
28. Contractor has a Florida Electrician License  YES or NO \_\_\_\_\_

\_\_\_\_\_  
 Signature Ray J. Sullivan Title President



**NOTICE TO ALL PROPOSERS:**

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms, and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie . Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through India Barr, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Nadia Tourjee, Procurement Agent I with the Procurement Management Department via e-mail ibarr@cityofpsl.com, or by phone 772-344-4055 Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

\*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

**I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance .**

Typed Name: Gary Sullivan  
Signed: \_\_\_\_\_  
Company and Job Title: SULLIVAN ELECTRIC & PUMP INC. - President  
Date: 07/26/24



**PORT ST. LUCIE**  
HEART OF THE TREASURE COAST

"A City for All Ages"

**E-RFP #20240120**  
**CONTRACTOR'S CODE OF ETHICS**

The City of Port St Lucie ("City), through its Procurement Management Department ("Procurement Management Department") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards, and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Department requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent, and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item, or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence, or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers



**E-Verification Form - Supplier/Consultant acknowledges and agrees to the following:**

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

**E-Verify Company Identification Number** 1623501

**Date of Authorization** 01/05/2021

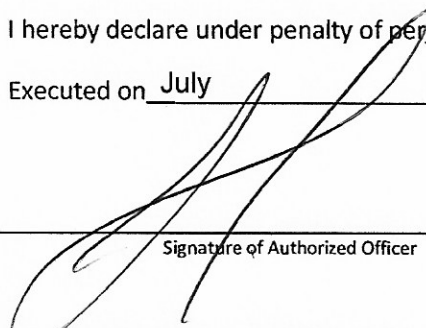
**Name of Contractor** SULLIVAN ELECTRIC & PUMP INC.

**Name of Project** Preventative Pump Maintenance Service

**Solicitation Number (If Applicable)** 20240120

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on July, 26, 2024 in Palm Beach (city), FL (state).

  
 \_\_\_\_\_  
 Signature of Authorized Officer

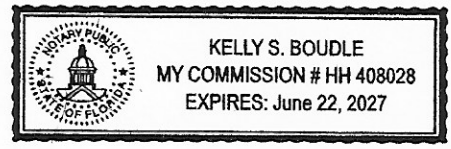
**Gary Sullivan - President**  
 \_\_\_\_\_  
 Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 26 DAY OF July, 2024

NOTARY PUBLIC Kelly S. Boudle

My Commission Expires: June 22, 2027



(including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling, and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment, and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Sullivan Electric & Pump Inc.

Signature \_\_\_\_\_

Printed Name and Title Gary Sullivan - President

Date July 26, 2024

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.



**PORT ST. LUCIE**  
HEART OF THE TREASURE COAST

**E-RFP #20240120 - NON - COLLUSION FORM**

State of Florida }

County of Palm Beach }

GARY SULLIVAN, being first duly sworn, disposes and says that:  
(Name/s)

1. They are PRESIDENT of SULLIVAN ELECTRIC & PUMP INC. the Proposer that  
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

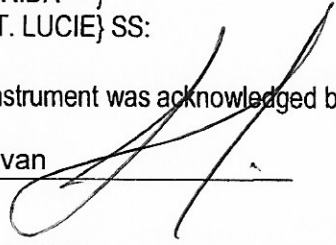
(Signed) \_\_\_\_\_

(Title) President



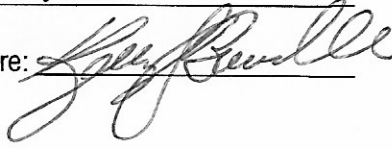
STATE OF FLORIDA }  
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) July 26, 2024

by: Gary Sullivan  who is personally known to me or who has produced

Commission No. HH 408028 as identification and who did (did not) take an oath.

Notary Print: Kelly Boudle

Notary Signature: 





"A City for All Ages"

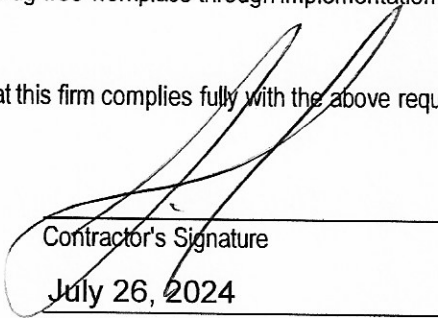
**DRUG-FREE WORKPLACE FORM**  
**E-RFP #20240120**

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

SULLIVAN ELECTRIC & PUMP INC. does:  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
Contractor's Signature

July 26, 2024

\_\_\_\_\_  
Date



## VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES' LISTS

Vendor Name: SULLIVAN ELECTRIC & PUMP INC.  
Vendor FEIN: 59-2242421  
Authorized Representative's Name: GARY SULLIVAN  
Authorized Representative's Title: President  
Address: 1942 8TH AVE. NORTH  
City, State and Zip Code: LAKE WORTH FLORIDA 33461  
Phone Number: 561-588-5886  
Email Address: GARY@SULLIVANELECTRIC-PUMP.COM

Sections 287.135 and 215.473, Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over \$1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or to engage in any Business operations with Cuba or Syria. Sections 287.135 and 215.4725 also prohibit Florida municipalities from contracting with companies, for goods or services in any amount that are on the list of Scrutinized Companies that Boycott Israel.

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:  
<https://www.sbafla.com/fsb/FundsWeManage/FRSPensionPlan/GlobalGovernanceMandates/QuarterlyReports.aspx>

As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not participating in a boycott of Israel; and does not have any business operations with Cuba or Syria. I understand that pursuant to Sections 287.135 and 215.473, Florida Statutes, the submission of a false certification may subject the Respondent Vendor to civil penalties, attorney's fees, and/or costs.

I understand and agree that the City may immediately terminate any contract resulting from this solicitation upon written notice if the company referenced above are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) for any contract for goods or services in any amount of monies, it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars (\$1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Authorized Signature

GARY SULLIVAN

Print Name

Signature

*president*



TRUTH-IN-NEGOTIATION CERTIFICATE

RFP-# 20240120

Pursuant to Section 287.055(5)(a), Florida Statutes, for any lump-sum or cost-plus-a-fixed fee professional services contract over the threshold amount provided in Section 287.017, Florida Statutes for CATEGORY FOUR, the City of Port St. Lucie, Florida requires the Consultant to execute this certificate and include it with the submittal of the Technical Proposal, or as prescribed in the contract advertisement.

The Consultant hereby certifies, covenants, and warrants that wage rates and other factual unit costs supporting the compensation for this project's agreement are accurate, complete, and current at the time of contracting.

The Consultant further agrees that the original agreement price and any additions thereto shall be adjusted to exclude any significant sums by which the City determines the agreement price was increased due to inaccurate, incomplete, or non-current wage rates and other factual unit costs. All such agreement adjustments shall be made within (1) year following the end of the contract. For purposes of this certificate, the end of the agreement shall be deemed to be the date of final billing or acceptance of the work by the City, whichever is later.

SULLIVAN ELECTRIC & PUMP INC.

Name of Firm

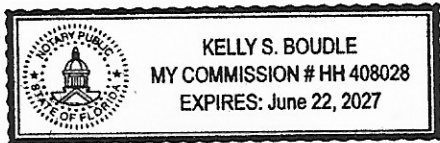
GARY SULLIVAN

President or Designee (Printed)

President or Designee (Signed) *Gary Sullivan*

The foregoing instrument was acknowledged before me by GARY SULLIVAN who is personally known to me. WITNESS my hand and official seal in the (Name of County) PALM BEACH FL. (State) last aforesaid this 26 day of JULY, 20 24.

(SEAL)



Signature

Kelly Boudle

Notary Name (typed or printed)

Notary Name (signed) *Kelly Boudle*

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days

# Cashier's Check - Customer Copy

No. 1236001113

Void After 90 Days

30-1/1140

Date 08/05/24 12:29:59 PM

DOWNTOWN LAKE WORTH

702 0109413 048

NFL

Pay



\*\*One Thousand and 00/100 Dollars\*\*

**\*\*\$1,000.00\*\***

To The Order Of CITY OF PORT ST. LUCIE

Not-Negotiable  
Customer Copy  
Retain for your Records

Remitter (Purchased By): SULLIVAN ELECTRIC & PUMP INC

Bank of America, N.A.  
SAN ANTONIO, TX

1641001973

00-53-3364B 06-2019



# Cashier's Check

No. 1236001113

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days

Void After 90 Days

30-1/1140

Date 08/05/24 12:29:59 PM

DOWNTOWN LAKE WORTH

702 0109413 048

NFL

Pay



\*\*One Thousand and 00/100 Dollars\*\*

**\*\*\$1,000.00\*\***

To The Order Of CITY OF PORT ST. LUCIE

Remitter (Purchased By): SULLIVAN ELECTRIC & PUMP INC

Bank of America, N.A.  
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

00-53-3364B 06-2019

⑈ 1236001113⑈ ⑆ 114000019⑆ 1641001973⑈

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>SULLIVAN ELECTRIC &amp; PUMP INC.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>1942 8TH AVENUE NORTH</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>LAKE WORTH, FL. 33461</b>	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	9		2	2	4	2	4	2	1

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>[Signature]</i> President	Date ▶ <i>1/4/24</i>
------------------	---	----------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2023

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> Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	<b>CONTACT NAME:</b> Amanda Genneken <b>PHONE (A/C, No, Ext):</b> (954) 776-2222 <b>E-MAIL ADDRESS:</b> Amanda.Genneken@bbrown.com	<b>FAX (A/C, No):</b> (954) 776-4446
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Sullivan Electric & Pump, Inc. 1942 8th Ave N Lake Worth FL 33461	<b>INSURER A:</b> FFVA Mutual Insurance Co. NAIC # 10385	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 24-25 Master      **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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	WC84000321512024A	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Contract #20180207  
Waiver of subrogation applies in favor of the additional insureds with respect to Workers Compensation. 30 Day notice of Cancellation applies except 10 days for non-payment of premium

<b>CERTIFICATE HOLDER</b>  City of Port St. Lucie c/o EBIX BPO 121 S.W. Port St. Lucie Blvd  Port St. Lucie FL 34984-5099	<b>CANCELLATION</b> 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 



SULLI-1

OP ID: FR

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
01/29/2024

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 <b>Keystone Insurance Group</b> 21301 Powerline Rd. Ste 312 Boca Raton, FL 33433 Josh Beer		CONTACT NAME: <b>Steve Passante</b> PHONE (A/C, No, Ext): <b>561-852-1445</b> E-MAIL ADDRESS: <b>certs@keystone-ins.com</b> FAX (A/C, No): <b>561-483-9982</b>	
INSURED <b>Sullivan Electric &amp; Pump, Inc.</b> 1942 8th Ave N Lake Worth, FL 33461		INSURER(S) AFFORDING COVERAGE <b>INSURER A: Travelers Company</b> <b>INSURER B: Admiral Insurance Company</b> <b>INSURER C: Starstone National Ins Co</b> <b>INSURER D: Hiscox Insurance Co</b> INSURER E: INSURER F:	
		NAIC #	
		25658	
		25496	
		10200	

**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	
<b>B</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>CA000051707-01</b>	<b>01/23/2024</b>	<b>01/23/2025</b>	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>BA-9R949606-23</b>	<b>12/15/2023</b>	<b>12/15/2024</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE			<b>CSX00068382P-02</b>	<b>12/15/2023</b>	<b>12/15/2024</b>	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
<b>D</b>	<b>PROFESSIONAL LIAB</b>			<b>ANE5270610.23</b>	<b>03/06/2023</b>	<b>03/06/2024</b>	EA CLAIM	\$ 1,000,000
							AGGREGATE	\$ 2,000,000

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

**\*\*SEE HOLDER NOTES\*\***

**CERTIFICATE HOLDER****CANCELLATION**

CITYPSL

CITY OF PORT ST. LUCIE  
C/O EBIX BPO  
121 SW PORT ST LUCIE BLVD.  
PORT ST. LUCIE, FL 34984

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

**NOTEPAD:**

HOLDER CODE CITYPSL  
INSURED'S NAME Sullivan Electric & Pump, Inc.

SULLI-1  
OP ID: FR

PAGE 2  
Date 01/29/2024

CITY OF PORT ST. LUCIE, A MUNICIPALITY OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES, AGENTS AND SHALL INCLUDE CONTRACT #20180207 PREVENTATIVE PUMP MAINTENANCE SERVICES FOR PARKS & RECREATION IS LISTED AS AN NAMED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL AND AUTO LIABILITY. WAIVER OF SUBROGATION APPLIES TO GENERAL AND AUTO LIABILITY. POLICIES ARE PRIMARY AND NON-CONTRIBUTORY. 30 DAY CANCELLATION NOTICE APPLIES.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**ELECTRICAL CONTRACTORS' LICENSING BOARD**

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**SULLIVAN, GARY T**

SULLIVAN ELECTRIC & PUMP, INC.  
1942 8TH AVENUE  
LAKE WORTH FL 33461

LICENSE NUMBER: EC0001117

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

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





**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*  
 Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
 1942 8TH AVE N  
 LAKE WORTH, FL 33461

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
CW ELECTRICAL CONTRACTOR	SULLIVAN GARY T	EC0001117	B23.671269 07/26/2023	\$264.60	B40128332

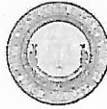
This document is valid only when received by the Tax Collector's Office.



SULLIVAN ELECTRIC AND PUMP INC  
 SULLIVAN ELECTRIC AND PUMP INC  
 1942 8TH AVE N  
 LAKE WORTH FL 33461

STATE OF FLORIDA  
 PALM BEACH COUNTY  
**2023 / 2024 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 199303773**  
**EXPIRES: 09/30/2024**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*  
 Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
 1942 8TH AVE N  
 LAKE WORTH, FL 33461

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
ELECTRICAL CONTRACTOR	SULLIVAN GARY T	EC0001117	B23.671268 07/26/2023	\$79.30	B40128333

This document is valid only when received by the Tax Collector's Office.

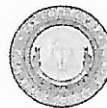


2-487

SULLIVAN ELECTRIC AND PUMP INC  
 SULLIVAN ELECTRIC AND PUMP INC  
 1942 8TH AVE N  
 LAKE WORTH BEACH FL 33461-3306

STATE OF FLORIDA  
 PALM BEACH COUNTY  
**2023 / 2024 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 199303772**  
**EXPIRES: 09/30/2024**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*  
 Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
 1942 8TH AVE N  
 LAKE WORTH, FL 33461

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
ELECTRICAL CONTRACTOR	ATKINSON STEPHEN BERNARD	EC13005040	B23.671296 07/26/2023	\$27.50	B40146297

This document is valid only when received by the Tax Collector's Office.



SULLIVAN ELECTRIC AND PUMP INC  
 SULLIVAN ELECTRIC AND PUMP INC  
 1942 8TH AVE N  
 LAKE WORTH FL 33461

STATE OF FLORIDA  
 PALM BEACH COUNTY  
**2023 / 2024 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 2015083565**  
**EXPIRES: 09/30/2024**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.