

Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: UES Professional Solutions, LLC

Private Provider: Marshall McElroy, CBO

Address: 4475 SW 35th Terrace, Gainesville, FL 32608

Phone: 352.372.3392

Fax: _____

Email: uesgainesville@teamues.com

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: Lawrence Pernell

Plan Sheets: T1, A1, A2, E1,

Florida License/Registration/Certification #(s) and description: P1, S1-S4

PX2707

Signature of Reviewer: _____

Lawrence Pernell

SWORN AND SUBSCRIBED before me by Lawrence Pernell

being personally known to me A or having produced as identification _____
and who being fully sworn and cautioned, state
that the foregoing is true and correct to the best of his/her knowledge or belief.

Gulfair
Signature of Notary

Brittany Watson
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

9/16/28

