CITY OF POMPANO BEACH
HIGHLY RECOMMENDED SITE VISIT

SIGN IN SHEET

BID NO.: W-12-12

GUN RANGE DEMOLITION AND RENOVATION AT THE PUBLIC SAFETY BUILDING COMPLEX

DATE: 02/08/2012

ATTENDEES NOTE: Furnish complete information. This completed form becomes the basis of the mailing list for all addenda. **Only** companies represented on this sheet may submit bids for the above named project.

Name JEFF LEWIS Title Company You Represent EN-RANGE

Company Mailing Address 3310 N.W. 29th St. Miami FL 33142
City State Zip Code

Telephone Number (786) 350 6850 Fax Number (305) 685 4565

Name Alon Levin Title Company You Represent DECON

Company Mailing Address 2652 NW 31 AVE
City State Zip Code

Telephone Number (954) 485 8800 Fax Number (954) 485 8809

Name Eric Joseph Title Company You Represent AZULEJO INC

Company Mailing Address 17291 NE 19th Ave. N. Miami Bch FL 33162
City State Zip Code

Telephone Number (305) 895-4110 Fax Number (305) 944-8989

Name Kurt Longford Title Company You Represent LIBERTY SOUTH

Company Mailing Address ONE HARVARD CIRCLE WPB FL 33409
City State Zip Code

Telephone Number (561) 282 3019 Fax Number (561) 273-1870

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Name Trent Pierce Estimator (Title) Company You Represent Skyline Construction

Company Mailing Address 5615 NW 176th ST (City) Miami (State) Fl (Zip Code) 33055

Telephone Number (305) 303-1083 Fax Number (305) 675-7896

Name Bragg Craig P (Title) Company You Represent ADS Services

Company Mailing Address 5010 N. Cortez Ave (City) Tampa (State) FL (Zip Code) 33614

Telephone Number (727) 638-0581 Fax Number (813) 872-0901

Name John Giacobba/Brahim Chalhoub (Title) Company You Represent Cedars Electro-Mechanical Inc

Company Mailing Address 1712 S. Dixie Hwy (City) Lake Worth (State) Fl (Zip Code) 33460

Telephone Number (561) 588-4088 Fax Number (561) 588-4087

Name John Tostanoski (Title) Company You Represent Cross Environmental, Inc

Company Mailing Address 5783 NW 159 Street (City) Miami Lakes (State) Fl (Zip Code) 33014

Telephone Number (305) 818-5716 Fax Number (305) 818-5619

Name _____ (Title) Company You Represent _____

Company Mailing Address _____ (City) (State) (Zip Code)

Telephone Number ( ) _____ Fax Number ( ) _____