

<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p>CITY OF FORT PIERCE</p>  <p>INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Madison White, 772-467-3102</p>	<p>Bid No: 2025-020</p>
<p>Mandatory Pre-Bid Conference Date: N/A</p>	<p>Bid Title: FPRA PROPERTIES LAWN MOWING AND MAINTENANCE (REBID)</p>
<p>Mandatory Pre-Bid Conference Location: N/A</p>	<p>Bid Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, THURSDAY, MARCH 13, 2025</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this division as soon as possible.</p>
<p>Bidder Name: ESB Light LLC -----</p> <p>Mailing Address: 1902 HOLDEN RIDGE LANE ----- ----- -----</p>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.</i></p> <p>X _____ Authorized Signature (Manual)</p>
<p>City, State, Zip Code: MINNEOLA, FL 34715</p>	<p>Typed or Printed Name: Mauro Bialkowski</p>
<p>Type of Entity (Select one): Corporation _____ Partnership _____ ✓ Proprietorship _____</p>	<p>Title: CEO</p>
<p>Incorporated in the State of: Florida Year: 2020</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: (352) 223-1079</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number:</p>
<p>E-Mail Address: mauro@esblightusa.com</p>	<p>Local Business: ___Y ___N MWBE: ___Y ___N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____ F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



DRUG~FREE WORKPLACE FORM

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

_____ does:
ESB Light LLC
(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 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 proposed 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 bid, 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 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.

Bidder's Signature

03/11/2025
Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Florida

COUNTY OF Lake

Mauro Bialkowski, being first duly sworn, deposes
and says:

That he is CEO
(a partner or officer of the firm, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

ESB Light LLC

(Firm Name)

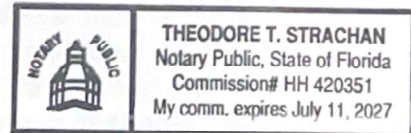
By: [Signature]

Title: CEO

Subscribed and sworn to before me this 10th
day of, MARCH 2025.

[Signature]
Notary Public

My Commission expires: (Seal) 07/11/2027



PUBLIC ENTITY CRIMES AFFIDAVIT
SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted by City of Fort Pierce
(Print name of the public entity).
by Mauro Bialkowski, CEO
(Print individual's name and title)
for ESB Light LLC
whose business address is 1902 HOLDEN RIDGE LANE MINNEOLA, FL 34715
(If applicable) its Federal Employer Identification Number (FEIN) is 35-2702728

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet). Required as per the IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person.

c. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

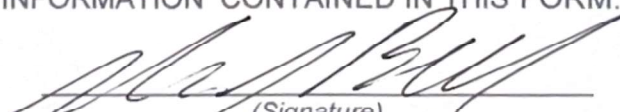
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


(Signature)

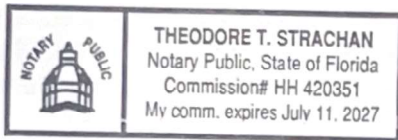
03-10-2025
(Date)

STATE OF Florida

COUNTY OF Lake

PERSONALLY APPEARED BEFORE ME, the undersigned authority Mauro Bialkowski
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day 10TH of MARCH, 20 25.




(NOTARY PUBLIC)

My Commission Expires: 07/11/2027.



E-VERIFY AFFIRMATION STATEMENT

Description: FPRA PROPERTY LAWN MOWING AND MAINTENANCE (REBID)

Pursuant to Section 448.095, Florida Statutes, Contractor/Bidder/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Bidder/Respondent to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Bidder/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
- (c) if Contractor/Bidder/Respondent enters into a contract with a subcontractor, Contractor/Bidder/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Bidder/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Bidder/Respondent shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Proposer/Bidder Company Name ESB Light LLC

Authorized Company Person's Signature: _____

Authorized Company Person's Title: _____

CEO

Date: _____

03-10-2025

STATE OF FLORIDA

COUNTY OF Lake

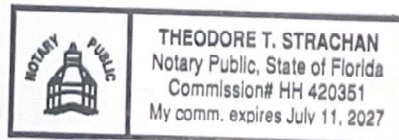
Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 10th day of MARCH, 2025 by MAURO BIALKOWSKI, who is

personally known or produced identification (ID produced: FL DRIVER'S LICENSE).

Signature: (Seal)

NOTARY PUBLIC

My Commission Expires: 07/11/2027





CITY OF FORT PIERCE
AFFIDAVIT REGARDING THE USE COERCION FOR
LABOR OR SERVICES

Vendor name: ESB Light LLC

Authorized Representative's Name and Title: Mauro Bialkowski CEO

Address: 1902 HOLDEN RIDGE LANE

City: MINNEOLA State: FLORIDA Zip Code: 34715

Phone Number: (352) 223-1079 Email Address: mauro@esblightusa.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By:  Mauro Bialkowski CEO 3-10-2025
 Authorized Signature Printed Name and Title Date

STATE OF FLORIDA
COUNTY OF Lake

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization

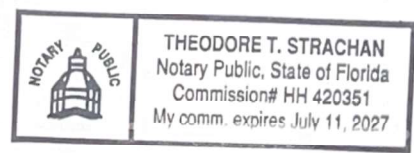
this 10TH day of MARCH, 2025 by Mauro Bialkowski, who is

- personally known or
- produced identification (ID produced: FL DRIVER'S LICENSE).

Notary Public Signature:  (Seal)

Print Name: THEODORE T. STRACHAN

My Commission Expires 07/11/2027.





CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: ESB Light LLC

Respondent's Authorized Representative Name and Title: Mauro Bialkowski CEO

Address: 1902 HOLDEN RIDGE LANE

City: MINNEOLA State: FLORIDA Zip: 34715

Phone Number: (352) 223-1079 Respondent FEIN: 35-2702728

Email Address: mauro@esblightusa.com

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal/bid for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

Certification:

As the person authorized to sign on behalf of Respondent, 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, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.



CITY OF FORT PIERCE

AFFIDAVIT REGARDING THE USE COERCION FOR LABOR OR SERVICES

Vendor name: ESB Light LLC

Authorized Representative's Name and Title: Mauro Bialkowski CEO

Address: 1902 HOLDEN RIDGE LANE


City: MINNEOLA State: FLORIDA Zip Code: 34715

Phone Number: (352) 223-1079 Email Address: mauro@esblightusa.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: 	Mauro Bialkowski CEO	03/11/2025
Authorized Signature	Printed Name and Title	Date



REFERENCES

BID NO. 2025-020 FPRA PROPERTIES LAWN MOWING AND MAINTENANCE

Bidders shall submit as a part of the bid package, a minimum of two (2) Customer references with name of the customer, address, contact person, telephone number, and a description of the work completed.

Contact Person & Title	Milton Balser
Email Address	milt.balser@gmail.com
Phone No.	646-641-7256
Company Name	Milton Balser
Mailing Address	910 Holly Blossom Ct
City, State, Zip	Great Falls, VA 22066
Description of Work	Mowing, blowing, trimming, edging, pruning, mulching, fertilizing
Contact Person & Title	David Reimuller
Email Address	reimuller@verizon.net
Phone No.	703-759-2815
Company Name	David Reimuller
Mailing Address	923 Hariman St
City, State, Zip	Great Falls, VA 22066
Description of Work	Mowing, blowing, trimming, edging, pruning, mulching, fertilizing

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>ESB LIGHT LLC</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any)</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>1902 HOLDE RIDGE LANE</p> <p>6 City, state, and ZIP code</p> <p>MINNEOLA - FL 34715</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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3	5	-	2	7	0	2	7	2	8				

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.

Sign Here	Signature of U.S. person	Date 06/28/2024
------------------	--------------------------	------------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

February 19, 2025



CITY OF FORT PIERCE

FPRA PROPERTIES LAWN MOWING AND MAINTENANCE

BID NO. 2025-020

ADDENDUM NO. 1

The purpose of this addendum is to make a revision to the Scope of Work for this project. Please disregard the property located at the address below from the FPRA Properties listed in Exhibit A.

532 N. 13th Street – Means Court Center

We will no longer be maintaining this lot as it is now the tenant's responsibility. Please see the revised Bid Response Form in the following pages.

All other conditions of this proposal remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____

Manual

Signature: _____

Mauro Bialkowski

Typed or Printed

Company Name: ESB Light LLC

Address: 1902 HOLDEN RIDGE LANE MINNEOLA, FL 34715

Date: 03/11/2025

/mw

Attachments: Revised Bid Response Form



REVISED
BID RESPONSE FORM

Bid Item	FPRA PROPERTY LAWN MOWING AND MAINTENANCE (REBID)		
Bid Number	2025-020	Due Date & Time	3:00 PM, THURSDAY, MARCH 13, 2025

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
301 South Ocean Drive. and 306 Hernando Street	2401-501-0109-000-9 2401-501-0112-000-3	\$ 45.90	\$ 872.10
125 Fisherman's Wharf 201 Fisherman's Wharf	2403-4320-002-000-4 2403-432-0003-000-1	\$ 97.20	\$ 1,846.80
324 N. 12 th Street	2409-516-0043-000-8	\$ 45.90	\$ 872.10
318 N.17 th Street	2409-511-0016-000-5	\$ 45.90	\$ 872.10
108 N. 9 th Street	2410-604-0049-000-4	\$ 48.11	\$ 914.17
321 N. 13 th Street , Unit A/B	2409-131-0001-000-1	\$ 45.90	\$ 872.10
415 N. 9 th Street	2410-601-0034-000-7	\$ 45.90	\$ 872.10
426 N. 11 th Street	2409-501-0173-000-2	\$ 45.90	\$ 872.10
427 N. 16 th Street	2409-506-0038-000-9	\$ 45.90	\$ 872.10
432 N. 19 th Street	2409-603-0072-000-7	\$ 45.90	\$ 872.10
Avenue I	2404-812-0009-000-2	\$ 45.90	\$ 872.10
Avenue B	2410-604-0134-000-7	\$ 45.90	\$ 872.10
433 Means Court	2409-501-0293-000-9	\$ 45.90	\$ 872.10
434 N. 15 th Street	2409-503-0033-000-5	\$ 45.90	\$ 872.10
513 N. 20 th Street	2409-602-0222-000-1	\$ 45.90	\$ 872.10
PAGE 1 TOTAL			\$ 14,098.27

REVISED
BID RESPONSE FORM

Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
422 N 9 th Street	2410-601-0046-000-4	\$ 45.90	\$ 872.10
806 Avenue E	2410-601-0119-000-7	\$ 45.90	\$ 872.10
1241 Avenue D	2409-501-0282-000-9	\$ 45.90	\$ 872.10
1212 Avenue D, 1213 Avenue D, and 1217 Avenue D	2409-501-0258-000-2 2409-501-0257-000-5 2409-501-0256-000-8	\$ 140.40	\$ 2,667.60
Dundas Court	2403-711-0001-000-3	\$ 45.90	\$ 872.10
Dundas Court	2410-604-0156-000-7	\$ 45.90	\$ 872.10
N. 22 nd Street	2404-710-0017-000-8	\$ 45.90	\$ 872.10
Avenue M	2404-801-0031-000-1	\$ 45.90	\$ 872.10
1306 N. 16 th Street	2404-808-0021-000-9	\$ 45.90	\$ 872.10
1134 Avenue D and 1138 Avenue D	2409-501-0305-000-7 2409-501-0306-000-4	\$ 91.80	\$ 1,744.20
N. 7 th Street (2 Parcels)	2410-601-0182-000-9 2410-601-0183-000-6	\$ 151.20	\$ 2,872.80
110 N Street, 900 Orange Avenue, and 910 Orange Avenue	2410-604-0169-000-1 2410-604-0173-000-2 2410-604-0141-000-9	\$ 788.40	\$ 14,979.60
312 N. 13 th Street	2409-521-0007-000-0	\$ 45.90	\$ 872.10
PAGE 2 TOTAL			\$ 30,113.10

TOTAL BID COST (PAGE 1 TOTAL + PAGE 2 TOTAL)	\$ 44,211.37
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REVISED
BID RESPONSE FORM

VENDOR INFORMATION

Vendor Name: ESB Light LLC

Address: 1902 HOLDEN RIDGE LANE

City, State, Zip Code: MINNEOLA, FL 34715

Email Address: mauro@esblightusa.com

Typed Name & Title: Mauro Bialkowski, CEO

Signature:  Date: 03/11/2025

Telephone No.: (352) 223-1079 Fax No.: _____

Please include remit to address if address is different than address stated above.

(*Remit To:

Check the box below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	X
Native American	
Small Business	
Women Owned	
Small Disadvantage Business	

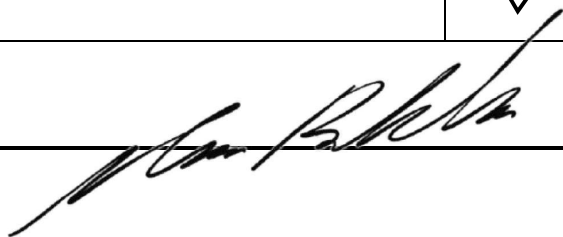
CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Check "Yes" or "No" to each of the following:

	YES	NO
Have you read the Bid Document in its entirety?	✓	
Is Invitation to Bid cover page (page 1) completed, signed and attached?	✓	
Are you registered on Demandstar to receive addendums?	✓	
Include proof of insurance as stated in bid documents.	✓	
Are all the Required forms complete and included?	✓	
Have you checked your bid for proper organization, tabs are correct?	✓	
Hard Copy Submissions. Confirmation of one (1) original and one (1) copy.	✓	
Did you submit your bid electronically?	✓	
Have you made sure your corporate address matches your Sunbiz information?	✓	
Is each Addendum (when issued) signed and included?	✓	

PLEASE SIGN AND RETURN WITH BID



CITY OF MINNEOLA

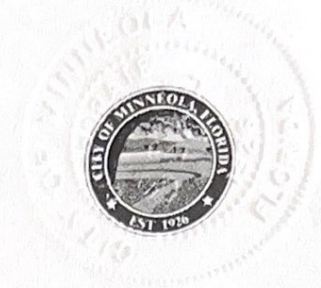
Phone: (352)394-3598
Fax: (352)394-7201

License Id: L2401433
Effective Date: 10/01/23
License Type: HOME BUSINESS TAX

Issued Date: 12/27/23
Expiration Date: 09/30/24

Business Name: ESB LIGHT LLC
Business Location: 1902 HOLDEN RIDGE LN

ESB LIGHT LLC
MAURO BIALKOWSKI
1902 HOLDEN RIDGE LANE
MINNEOLA, FL 34715



This Business License does not permit the holder to operate in violation of any City law, ordinance or regulation. Any change in location or ownership must be approved by the city, subject to zoning restrictions. This Business License does not constitute an endorsement, approval or disapproval of the holder's skill or competence.

Kristine Thompson
CITY CLERK

NON-TRANSFERABLE MUST BE DISPLAYED IN A CONSPICUOUS LOCATION AT ALL TIMES

License Id: L2401433
Effective Date: 10/01/23
License Type: HOME BUSINESS TAX

Issued Date: 12/27/23
Expiration Date: 09/30/24

Business Name: ESB LIGHT LLC
Business Location: 1902 HOLDEN RIDGE LN

ESB LIGHT LLC
MAURO BIALKOWSKI
1902 HOLDEN RIDGE LANE
MINNEOLA, FL 34715

Summary of Services

Description
HOME BUSINESS TAX

FILE COPY

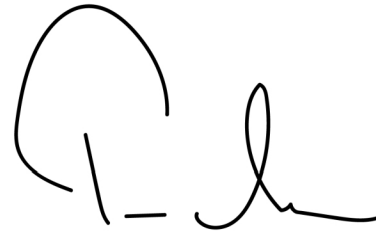
State of Florida

Minority Business Certification

ESB LIGHT LLC

Is certified under the provisions of
287 and 295.187, Florida Statutes, for a period from:

02/12/2024 to 02/12/2026



J. Todd Inman
Florida Department of Management Services





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2024

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 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: Luiz Gustavo Mori Vitae Group, LLC 2655 LeJeune Road #1108-8 Coral Gables, FL 33134 mori@vitae-group.com	CONTACT NAME:	
	PHONE (A/C, No, Ext): 855-566-1011	FAX (A/C, No, Ext):
	E-MAIL ADDRESS: Support@coterieinsurance.com	

INSURED: ESB Light LLC 1902 Holden Ridge Ln Minneola, FL 34715-8806	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Clear Spring Property and Casualty Company		15563
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

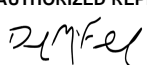
COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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 LTD	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	X	X	CCG-00154108-00	04/25/2024	04/25/2025	EACH OCCURRENCE \$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$5,000
							PERSONAL & ADV INJURY \$2,000,000
	<input checked="" type="checkbox"/> Hired Non-Owned Auto GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC Other: _____						GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
	AUTOMOBILE LIABILITY: <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE(Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$						EACH OCCURENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE DTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
			X				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 1902 Holden Ridge Ln
 Minneola, FL 34715-8806
 Certificate holder is named as an additional insured, coverage is primary & non-contributory and a waiver of subrogation applies as per written contract with the first named insured.

CERTIFICATE HOLDER	CANCELLATION
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PROOF OF COVERAGE	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  David McFarland

