



Town of Davie
Procurement Division
Brian O'Connor, Procurement Manager
8800 SW 36th Street, Davie, FL 33314

[LIFESAFETY MANAGEMENT] RESPONSE DOCUMENT REPORT

ITB No. ITB# RS-26-06

ITB# RS-26-06 Fire & Burglar Alarm Monitoring Services & Repairs

RESPONSE DEADLINE: February 10, 2026 at 2:00 pm

Report Generated: Wednesday, February 25, 2026

LifeSafety Management Response

CONTACT INFORMATION

Company:

LifeSafety Management

Email:

brittany.hughes@lifesafety.net

Contact:

Brittany Hughes

Address:

2017 Corporate Dr
Boynton Beach, FL 33426

Phone:

N/A

Website:

<https://lifesafetymanagement.com/>

Submission Date:

Feb 10, 2026 11:06 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Jan 29, 2026 10:11 AM by Brittany Hughes

Addendum #2

Confirmed Jan 29, 2026 10:11 AM by Brittany Hughes

Addendum #3

Confirmed Feb 5, 2026 12:00 PM by Brittany Hughes

Addendum #4

Confirmed Feb 5, 2026 12:00 PM by Brittany Hughes

QUESTIONNAIRE

1. VENDOR INFORMATION

PLEASE INDICATE ANY PRODUCT OR SERVICES THAT YOUR FIRM PROVIDES:*

- A. Fire Alarm inspections and service
- B. Fire Alarm monitoring
- C. Sprinkler inspections and service
- D. Backflow Testing and Certification
- E. Fire Pump Service and testing
- F. Fire extinguisher certification and service
- G. Kitchen hood inspections and service
- H. Special suppression inspections and service

- I. Burglar alarm service
- J. Burglar alarm monitoring

Please Note: Responses to this question may be publicly displayed after the due date has passed.

2. LICENSES AND/OR CERTIFICATIONS

LICENSES AND/OR CERTIFICATIONS (IF APPLICABLE)*

Please attach and least one the following licenses/certifications:

- Florida Certified Alarm System Contractor I (Class EF)
- Fire Alarm Systems Agent (FASA) and Burglar Alarm Systems Agent (BASA)
- Florida Certified Alarm Contractor Class EC
- NICET III or higher technician

Gregory_Humbert_-_2026_BUSINESS_TAX_REGISTRATION.pdf

Please Note: Responses to this question may be publicly displayed after the due date has passed.

3. QUALIFICATIONS

TRAINING*

Does your firm have training and/or certification to service, manage, and monitor various panels (i.e. may include but not limited to Honeywell, Notifier, Simplex).

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

PANELS*

Please list various panel types that your firm services, manages, and monitors (i.e. may include but not limited to Honeywell, Notifier, Simplex).

We are a dealer for Notifier and Vigilant/ We can service, manager and monitor Silent Knight, Firelite, FCI, Edwards, ESL, Honeywell, Simplex, Siemens, Kidde

Please Note: Responses to this question may be publicly displayed after the due date has passed.

YEARS OF EXPERIENCE*

Does your firm have a minimum of five (5) years of continuous experience performing fire and security alarm ITM?

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

CENTRAL STATION MONITORING*

Does your firm have a UL-listed central-station monitoring or written agreement with a UL-listed subcontractor?

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

MONITORING STATION CONTINUED*

Please upload a document with the name of your firm's UL-listed central-station monitoring **OR** the written agreement with a UL-listed subcontractor.

2026_DYNAMARK_CERT_OF_COMPLIANCE.pdf

Please Note: Responses to this question may be publicly displayed after the due date has passed.

LTE/IP CONVERSIONS*

Does your firm have demonstrated ability to furnish LTE/IP conversions for at least 200 alarm points in the past three years?

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

4. MISCELLANEOUS MATERIALS

MISCELLANEOUS MATERIALS (IDENTIFIED AS MISCELLANEOUS MATERIALS, STOCK, OR TRUCK STOCK)*

Will your firm be using miscellaneous materials (identified as miscellaneous materials, stock, or truck stock) to perform the services required in this solicitation?

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

5. OWNERSHIP DISCLOSURE

IF THE CONTRACT OR BUSINESS TRANSACTION IS WITH A COMPANY, THE FULL LEGAL NAME AND BUSINESS ADDRESS SHALL BE PROVIDED FOR EACH OFFICER AND DIRECTOR AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY HOLDS FIVE PERCENT (5%) OR MORE OF THE COMPANY'S STOCK. IF THE CONTRACT OR BUSINESS TRANSACTION IS WITH A TRUST, THE FULL NAME AND ADDRESS SHALL BE PROVIDED FOR EACH TRUSTEE AND EACH BENEFICIARY. ALL SUCH NAMES AND ADDRESS ARE AS FOLLOWS (POST OFFICE ADDRESSES ARE NOT ACCEPTABLE):*

Full Legal Name:

Address:

Ownership %:

Full Legal Name:

Address:

Ownership %:

Full Legal Name:

Address:

Ownership %:

Full Legal Name:

Address:

Ownership %:

Enter N/A if not applicable

N/A

Please Note: Responses to this question may be publicly displayed after the due date has passed.

THE FULL LEGAL NAMES AND BUSINESS ADDRESSES OF ANY OTHER INDIVIDUAL (OTHER THAN SUBCONTRACTORS, MATERIALMEN, SUPPLIERS, LABORERS, AND LENDERS) WHO HAVE, OR WILL HAVE, ANY LEGAL, EQUITABLE, OR BENEFICIAL INTEREST IN THE CONTRACT OR BUSINESS TRANSACTION WITH THE TOWN ARE AS FOLLOWS (POST OFFICE ADDRESSES ARE NOT ACCEPTABLE):*

Full Legal Name:

Address:

Enter N/A if not applicable

N/A

Please Note: Responses to this question may be publicly displayed after the due date has passed.

6. ELIGIBILITY FOR LOCAL VENDOR PREFERENCE (Davie Code of Ordinances Sec. 2-326)

MY BUSINESS IS LOCATED WITHIN THE TOWN OF DAVIE*
Select as applicable

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

MY BUSINESS IS LOCATED WITHIN BROWARD COUNTY*
No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

7. CLIENT REFERENCES

Provide client references from recent transactions/ work similar to the Scope of Work/Specifications herein. Do not include the Town of Davie as a reference.

CLIENT REFERENCE 1*

Name of Client Entity:

Address:

City/State/Zip:

Contact:

Title:

Email Address:

Telephone:

Scope of Work:

Description of Services Provided:

Name of Client Entity: City of Greenacres

Address: Multiple sites

City/State/Zip: Greenacres,FL 33463

Contact: Monica Powery
Title: Purchasing Director
Email Address:MPowery@greenacresfl.gov
Telephone:561.642.2039
Scope of Work: Fire Alarm inspection and monitoring, Security monitoring
Description of Services Provided: Regular inspections and service

Please Note: Responses to this question may be publicly displayed after the due date has passed.

CLIENT REFERENCE 2*

Name of Client Entity:
Address:
City/State/Zip:
Contact:
Title:
Email Address:
Telephone:
Scope of Work:
Description of Services Provided:

Name of Client Entity: Stiles Property Management
Address: multiple
City/State/Zip: Broward County
Contact: Joannie Knight
Title: Property Manager

Email Address: Joannie.Knight@stiles.com
Telephone: 954-627-9167
Scope of Work: Fire Alarm and Sprinkler
Description of Services Provided: Testing, Inspections and service

Please Note: Responses to this question may be publicly displayed after the due date has passed.

CLIENT REFERENCE 3*

Name of Client Entity:
Address:
City/State/Zip:
Contact:
Title:
Email Address:
Telephone:
Scope of Work:
Description of Services Provided:

Name of Client Entity: Village of Royal Palm Beach
Address: 18 buildings
City/State/Zip: Royal Palm Beach, FL 33411
Contact: Jan Bockmeulen
Title: Facilities Superintendent
Email Address: JBockmeulen@royalpalmbeachfl.gov
Telephone: 561-753-1226
Scope of Work: Fire Alarm, Security Systems
Description of Services Provided: Inspections, Monitoring and service

Please Note: Responses to this question may be publicly displayed after the due date has passed.

8. PROPOSER/BIDDER QUESTIONNAIRE

PRIMARY CONTACT PERSON FOR THIS SOLICITATION*

Primary Contact Person Name:

Primary Contact Person Email Address:

Primary Contact Person Phone Number:

Brittany Hughes

Brittany.Hughes@lifesafety.net

561-850-8865

Please Note: Responses to this question may be publicly displayed after the due date has passed.

EMERGENCY CONTACT INFORMATION:*

Emergency Contact Person Name:

Emergency Contact Person Email Address:

Emergency Contact Person Phone Number:

Michael Sharf

msharf@lifesafety.net

561-445-7829

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HOW MANY YEARS HAS YOUR FIRM BEEN IN BUSINESS UNDER ITS PRESENT BUSINESS NAME?*

25 years

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAS YOUR FIRM OPERATED UNDER ANOTHER BUSINESS NAME?*

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAVE YOU BEEN AWARDED ANY GOVERNMENT CONTRACTS RECENTLY OR IN THE PAST?*

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

IF YES, PLEASE LIST THE CONTRACT #'S, THE AGENCY, THE SERVICE PROVIDED, AND IF IT IS STILL ACTIVE.*
Town of Miramar, Village of Royal Palm Beach, City of Green Acres

All are active customers

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAVE ANY SIMILAR AGREEMENTS HELD BY THE PROPOSER FOR A SIMILAR PROJECT TO THE PROPOSED PROJECT EVER BEEN CANCELED? *

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER OR ANY PRINCIPALS OF THE FIRM FAILED TO QUALIFY AS A RESPONSIBLE PROPOSER, REFUSED TO ENTER INTO 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 IN THE LAST FIVE (5) YEARS?*

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER OR ANY PRINCIPALS OF THE FIRM EVER BEEN DECLARED BANKRUPT OR REORGANIZED UNDER CHAPTER 11 OR PUT INTO RECEIVERSHIP? *

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER BEEN INVOLVED IN ANY LITIGATIONS/JUDGEMENTS/SETTLEMENTS/DEBARMENTS/SUSPENSIONS?*

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER BEEN INVOLVED IN ANY DISCIPLINARY ACTION TAKEN OR PENDING AGAINST THE FIRM DURING THE PAST THREE (3) YEARS WITH STATE REGULATORY BODIES OR PROFESSIONAL ORGANIZATIONS? *

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

9. VENDOR REQUIREMENTS

QUOTES*

When Providing A Quote Related To A Contract, Please Do The Following:

- A. You must reference the contract number that is being utilized to develop the quote.
- B. You must remove any extraneous terms and conditions that are not related to the referenced contract on your quote.
- C. Remove any request for an authorized signature on the quote. A purchase order can be provided.
- D. If you are quoting prices based on a cost-plus contract, please show your $\text{Cost} + \% \text{ of Markup} = \text{Total Cost}$. This will help us verify that your pricing complies with the contract. We ask that you provide evidence of your cost (supplier invoice/receipt) using this model.
- E. If you are quoting prices based on a discount off list, please show $\text{List Price} + \% \text{ Discount} = \text{Total Cost}$. This will help us verify that your pricing complies with the contract and will provide evidence of the list price as well.
- F. If your quoted prices are based on a unit price contract, please ensure the pricing matches the contract.
- G. If permits are applicable, please be sure to include those costs on your quote.
- H. Please verify if freight is allowed, or not, before submitting your quote.
- I. Is installation applicable to the contract, or not? If not, please be sure to notate.

- J. When awarded a contract by the Town or the Town chooses to piggyback a contract, please inform all sales and accounting teams that the Town will be utilizing said contract.
- K. Please ensure all pricing is loaded into your information system.

By checking “Please Confirm” this will serve as an electronic Signature.

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

INVOICES*

All Invoices To The Town MUST Include The Following Information Or It WILL Be Rejected:

- A. Must include a PO# when a purchase order has been provided.
- B. Must include a non-repetitive invoice number.
- C. Must show contract pricing, if applicable to a contract.
- D. No freight charges shall be included unless the contract provides for freight terms.
- E. All invoices shall be sent to the ordering department or division. This will help to expedite your payment process. Some departments have set up e-mail addresses to which invoices should be submitted. It is advisable to request such email address when speaking to the department you are doing business with.
- F. The Town’s policy is to pay within 30 days; however, Florida Law is net 45 days from the receipt of a **proper** invoice.
- G. The Town is a Tax-Exempt entity therefore all sales tax shall be excluded.
- H. The Town will pay either by Purchasing Card (credit card) or Purchase Order/Invoice. The Town will not pay any convenience fees for Purchasing Card transactions. If it is your policy to charge transaction fees, you must request a PO before an order is placed.

By checking “Please Confirm” this will serve as an electronic Signature.

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

PACKAGES AND DELIVERIES*

All packages must include the “ship to” address and contact information of the person who placed the order on the outside of the package. Without this information, the Town may be unable to verify delivery.

By checking “Please Confirm” this will serve as an electronic Signature.

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

PROCUREMENT CARD*

Bidder agrees to accept the VISA Procurement card for payment.

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

IF YES, DO YOU CHARGE A CREDIT CARD CONVENIENCE OR OTHER TYPE OF TRANSACTION FEE? IF YES, INDICATE FEE PERCENTAGE.*

Example: 3%

No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

10. AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS

AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS*

Please download the document, complete and have notarized. An online notarization option will be provided for you when responding.

- [AFFIDAVIT OF COMPLIANCE WIT...](#)

Town_of_Davie_Foreign_Entity_Affidavit.pdf

Please Note: Responses to this question may be publicly displayed after the due date has passed.

11. AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS

AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS*

Please download the document, complete and have notarized. An online notarization option will be provided for you when responding.

- [AFFIDAVIT OF COMPLIANCE WIT...](#)

Anit-Human_Traffiking_Affidavit.pdf

Please Note: Responses to this question may be publicly displayed after the due date has passed.

12. CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135*

By checking the box below, the Contractor certifies that the company is not participating in a boycott of Israel. Contractor must also certify that Contractor is not on the Scrutinized Companies that Boycott Israel list, not on the Scrutinized Companies with Activities in Sudan List, and not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or been engaged in business operations in Cuba or Syria. Contractor must submit the certification that is attached to this agreement. Submitting a false certification shall be deemed a material breach of contract. The Town shall provide notice, in writing, to the Contractor of the Town's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the Town's determination of false certification was made in error then the Town shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

By checking "Please Confirm" this will serve as an electronic Signature.

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

13. TOWN OF DAVIE CERTIFICATION REGARDING DEBARMENT

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS*

The prospective Vendor certifies that it and its principals (subcontractors and suppliers):

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or involuntarily excluded by any Federal, State, County, City or Town or other government agency;
- B. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment entered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, City or Town or other local agency) transaction or contract; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) within commission of any of the offenses enumerated in paragraph (A)(2) of this certification; and
- D. Have not within a three (3) year period preceding this bid proposal had one or more public contracts (Federal, State, City or Town or other agency) terminated for cause or default.

By checking "Yes" this will serve as an electronic Signature.

Where the prospective vendor is unable to certify to any of the statements in this certification, an authorized signatory to this proposal shall complete, sign and attach a detailed explanation.

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

14. E-VERIFY

E-VERIFY SYSTEM*

- A. Vendor/Consultant/Contractor and any sub-contractors shall comply with Section 448.095, Fla. Stat., "Employment Eligibility," including registration and use of the E-Verify system to verify the work authorization status of employees. Failure to comply with Section 448.095, Fla. Stat. shall result in termination of the resulting Contract/Purchase Order, if awarded. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor shall be liable for any additional costs incurred by the Town as a result of the termination of this contract.
- A. Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of: (a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and (b) all persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

By checking "Please Confirm," the Contractor is in compliance with Section 448.095, Fla.Stat. and hereby declares under penalty of perjury that the foregoing is true and correct. By checking "Please Confirm" this will serve as an electronic Signature.

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

15. CONFLICT OF INTEREST

What Defines A Conflict Of Interest According To The Town:

- A. An officer, director, employee, agent, or other consultant of the Town or a member of the immediate family or household of the aforesaid has directly or indirectly received or been promised any form of benefit, payment or compensation, whether tangible or intangible, in connection with a grant of the Agreement with the Town or its Departments.
- B. There are undisclosed persons or entities interested with the Contractor in the Agreement. The Agreement is entered into by the Contractor with a connection with another entity or person making a proposal for the same purpose, and possibly with

collusion, fraud or conflict of interest. Elected or appointed officer(s) or official(s), director(s), employee(s), agent(s) or other consultant(s) of the Town, or of the State of Florida (including elected and appointed members of the legislative and executive branches of government), or member of the immediate family or household of any of the aforesaid:

1. Is interested on behalf of or through the Contractor directly or indirectly in any manner whatsoever in the execution or the performance of the Agreement, or in the services, supplies or work, to which the Agreement relates or in any portion of the revenues; or
2. Is an employee, agent, advisor, or consultant to the Contractor or to the best of the Contractor's knowledge, any subcontractor or supplier to the Contractor.

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY TOWN OF DAVIE OFFICER OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED ABOVE AND IN SECTION 112.3135, FLORIDA STATUTES, WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY, OR AFFILIATED COMPANY, WHETHER SUCH TOWN OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.

Please indicate below if there is a Conflict of Interest. Please select "Yes," or "No."

PLEASE INDICATE IF THERE IS A CONFLICT OF INTEREST*
No

Please Note: Responses to this question may be publicly displayed after the due date has passed.

16. PROOF OF INSURANCE

PLEASE UPLOAD PROOF OF INSURANCE*
Please attach proof of insurance (insurance certificate)

Town_of_Davie_Building_Division_POI.pdf

Please Note: Responses to this question may be publicly displayed after the due date has passed.

17. BUSINESS REGISTRATION

STATE OF FL SUNBIZ OR STATE REGISTRATION (IF NOT REQUIRED TO HAVE STATE OF FL SUNBIZ)*

Please upload current State of FL Sunbiz **OR** State Registration (if not required to have State of FL Sunbiz). Please reference the attached document as an example.

- [Sunbiz Search Example.pdf](#)

SUNBIZ_-_LIFESAFETY_MANAGEMENT,_INC..pdf

Please Note: Responses to this question may be publicly displayed after the due date has passed.

18. W9

IS YOUR FEDERAL TAX CLASSIFICATION INDIVIDUAL/SOLE PROPRIETOR?*

No

IF NO, PLEASE UPLOAD W9*

Please upload W9.

W-9_Signed_Jan_2026.pdf

19. EXCEPTIONS

EXCEPTIONS

If bidder takes exception to any part of this solicitation, please upload a document with listed exceptions.

No response submitted

Please Note: Responses to this question may be publicly displayed after the due date has passed.

20. BID ACKNOWLEDGEMENT

BID ACKNOWLEDGEMENT*

This bid submission shall be considered an offer on the part of the bidder. By submitting this bid, you are affirming that you have read and understood the terms, conditions, and information included within this solicitation. That all the information provided is true and accurate. That the business associated with this solicitation has not been debarred, convicted of a public entity crime, and does not have a conflict of interest in any manner as described herein. That you have the proper authority to submit this bid and the ability to bind this business entity to the terms and conditions herein. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.

By checking “Please Confirm” this will serve as an electronic Signature.

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

21. SOURCE OF INFORMATION SURVEY

HOW DID YOU FIND OUT ABOUT THIS SOLICITATION? CHECK ALL THAT APPLY:*

Please note: This information is used for internal Procurement purposes only.

Referral/word-of-mouth

PRICE TABLES

FIRE ALARM MONITORING SERVICES (MONTHLY MONITORING)

[LIFESAFETY MANAGEMENT] RESPONSE DOCUMENT REPORT
 ITB No. ITB# RS-26-06
 ITB# RS-26-06 Fire & Burglar Alarm Monitoring Services & Repairs

Line Item	Location	Quantity	Unit of Measure	Cost Per Month	Yearly Total
1	Location #1: Bamford Sports Complex: Building #1 Fitness & Aquatic Center - 3801 SW 92nd Avenue	12	MO	\$45.00	\$540.00
2	Location #2: Bamford Sports Complex: Building #2 Multi-Purpose Community Center - 3801 SW 92nd Avenue	12	MO	\$45.00	\$540.00
3	Location #3: Eastside Community Center: Building #1 Eastside Community Center - 4300 SW 55th Avenue	12	MO	\$45.00	\$540.00
4	Location #4: Fire/Public Works Administration: Building #1 Fire & Public Works Admin. - 6901 SW 45th Street	12	MO	\$45.00	\$540.00
5	Location #5: Fleet Maintenance Garage: Building #2 Public Works Compound - 6911 SW 45th Street	12	MO	\$45.00	\$540.00
6	Location #6: Fire Station 38: Building #1 Fire Station #38 - 6901 Orange Drive	12	MO	\$45.00	\$540.00
7	Location #8: Fire Station 86: Building #3 Fire Station #86 & Community Center - 14651 SW 14th Street	12	MO	\$45.00	\$540.00
8	Location #9: Fire Station 91: Building #4 Fire Station #91 & Community Center - 6101 SW 148th Avenue	12	MO	\$45.00	\$540.00
9	Location #10: Fire Station 104: Building #5 Fire Station #104 - 4491 Oakes Road	12	MO	\$45.00	\$540.00
10	Location #12: Old Davie School: Building #1 Old Davie School - 6650 Griffin Road	12	MO	\$45.00	\$540.00
11	Location #13: Old Davie School: Building #2 Admin. & Auditorium - 6650 Griffin Road	12	MO	\$45.00	\$540.00
12	Location #16: Potter Park: Building #1 PAL Multi-Purpose Center - 4300 SW 57th Terrace	12	MO	\$45.00	\$540.00

Line Item	Location	Quantity	Unit of Measure	Cost Per Month	Yearly Total
13	Location #17: Robbins Park: Building #1 Robbins Lodge/Community Center - 4005 Hiatus Road	12	MO	\$45.00	\$540.00
14	Location #19: Sunny Lakes Park: Building #1 Community Center - 5400 Griffin Road	12	MO	\$45.00	\$540.00
15	Location #21: Temporary Town Hall: Building #2, Building A - 8800 SW 36th Street	12	MO	\$45.00	\$540.00
16	Location #22: Temporary Town Hall: Building #3, Building B - 8800 SW 36th Street	12	MO	\$45.00	\$540.00
17	Location #23: Temporary Town Hall: Building #4, Building C - 8800 SW 36th Street	12	MO	\$45.00	\$540.00
18	Location #24: Temporary Town Hall: Building #5, Building D - 8800 SW 36th Street	12	MO	\$45.00	\$540.00
19	Location #25: Temporary Town Hall: Building #6, Building HR - 8800 SW 36th Street	12	MO	\$45.00	\$540.00
20	Location #26: Utilities Administration: Building #1 Water Plant & Water Reclamation Facility - 7351 SW 30th Street	12	MO	\$45.00	\$540.00
TOTAL					\$10,800.00

BURGLAR ALARM MONITORING SERVICES (MONTHLY MONITORING)

Line Item	Description	Quantity	Unit of Measure	Cost Per Month	Yearly Total
21	Location #1: Bamford Sports Complex: Building #1 Fitness & Aquatic Center - 3801 SW 92nd Avenue	12	MO	\$35.00	\$420.00
22	Location #2: Bamford Sports Complex: Building #2 Multi-Purpose Community Center - 3801 SW 92nd Avenue	12	MO	\$35.00	\$420.00

[LIFESAFETY MANAGEMENT] RESPONSE DOCUMENT REPORT
 ITB No. ITB# RS-26-06
 ITB# RS-26-06 Fire & Burglar Alarm Monitoring Services & Repairs

Line Item	Description	Quantity	Unit of Measure	Cost Per Month	Yearly Total
23	Location #3: Eastside Community Center: Building #1 Eastside Community Center - 4300 SW 55th Avenue	12	MO	\$35.00	\$420.00
24	Location #11: Housing & Community Services: Building #1 4700 Building - 4700 SW 64th Avenue	12	MO	\$35.00	\$420.00
25	Location #12: Old Davie School: Building #1 Old Davie School - 6650 Griffin Road	12	MO	\$35.00	\$420.00
26	Location # 13: Old Davie School: Building #2 Admin. & Auditorium - 6650 Griffin Road	12	MO	\$35.00	\$420.00
27	Location #14: Old Davie School: Building #3 Viele House - 6650 Griffin Road	12	MO	\$35.00	\$420.00
28	Location #15: Old Davie School: Building #4 Walsh House - 6650 Griffin Road	12	MO	\$35.00	\$420.00
29	Location #16: Potter Park: Building #1 PAL Multi-Purpose Center - 4300 SW 57th Terrace	12	MO	\$35.00	\$420.00
30	Location #17: Robbins Park: Building #1 Robbins Lodge/Community Center - 4005 Hiatus Road	12	MO	\$35.00	\$420.00
31	Location #18: Shenandoah Park: Building #1 Concession Building - 14601 SW 14th Street	12	MO	\$35.00	\$420.00
32	Location #20: Temporary Town Hall: Building #1 POD #3 - 3801 South Pine Island Road	12	MO	\$35.00	\$420.00
33	Location #21: Temporary Town Hall: Building #2, Building A - 8800 SW 36th Street	12	MO	\$35.00	\$420.00
34	Location #22: Temporary Town Hall: Building #3, Building B - 8800 SW 36th Street	12	MO	\$35.00	\$420.00
35	Location #23: Temporary Town Hall: Building #4, Building C - 8800 SW 36th Street	12	MO	\$35.00	\$420.00

Line Item	Description	Quantity	Unit of Measure	Cost Per Month	Yearly Total
36	Location #24: Temporary Town Hall: Building #5, Building D - 8800 SW 36th Street	12	MO	\$35.00	\$420.00
37	Location #25: Temporary Town Hall: Building #6, Building HR - 8800 SW 36th Street	12	MO	\$35.00	\$420.00
TOTAL					\$7,140.00

TEST & CERTIFICATION INSPECTIONS FOR FIRE SYSTEMS (ANNUALLY)

1. Inspection/Inventory reports are made available in Exhibit B.

Line Item	Description	Quantity	Unit of Measure	Cost Per Year	Total
38	Location #1: Bamford Sports Complex: Building #1 Fitness & Aquatic Center - 3801 SW 92nd Avenue	1	YR	\$225.00	\$225.00
39	Location #2: Bamford Sports Complex: Building #2 Multi-Purpose Community Center - 3801 SW 92nd Avenue	1	YR	\$345.00	\$345.00
40	Location #3: Eastside Community Center: Building #1 Eastside Community Center - 4300 SW 55th Avenue	1	YR	\$225.00	\$225.00
41	Location #4: Fire & Public Works Administration: Building #1 Fire & Public Works Admin. - 6901 SW 45th Street	1	YR	\$335.00	\$335.00
42	Location #5: Fleet Maintenance Garage: Building #1 Public Works Compound - 6911 SW 45th Street	1	YR	\$325.00	\$325.00
43	Location #6: Fire Station 38: Building #1 Fire Station #38 - 6901 Orange Drive	1	YR	\$300.00	\$300.00
44	Location #8: Fire Station 86: Building #3 Fire Station #86 & Community Center - 14651 SW 14th Street	1	YR	\$375.00	\$375.00

[LIFESAFETY MANAGEMENT] RESPONSE DOCUMENT REPORT
 ITB No. ITB# RS-26-06
 ITB# RS-26-06 Fire & Burglar Alarm Monitoring Services & Repairs

Line Item	Description	Quantity	Unit of Measure	Cost Per Year	Total
45	Location #9: Fire Station 91: Building #4 Fire Station #91 & Community Center - 6101 SW 148th Avenue	1	YR	\$300.00	\$300.00
46	Location #10: Fire Station 104: Building #5 Fire Station #104 - 4491 Oakes Road	1	YR	\$350.00	\$350.00
47	Location #12: Old Davie School: Building #1 Old Davie School - 6650 Griffin Road	1	YR	\$295.00	\$295.00
48	Location #13: Old Davie School: Building #2 Admin. & Auditorium - 6650 Griffin Road	1	YR	\$225.00	\$225.00
49	Location #17: Robbins Park: Building #1 Robbins Lodge/Community Center - 4005 Hiatus Road	1	YR	\$250.00	\$250.00
50	Location #16: Potter Park: Building #1 PAL Multi-Purpose Center – 4300 SW 57th Terrace	1	YR	\$365.00	\$365.00
51	Location #19: Sunny Lakes Park: Building #1 Community Center - 5400 Griffin Road	1	YR	\$250.00	\$250.00
52	Location #21: Temporary Town Hall: Building #2, Building A - 8800 SW 36th Street	1	YR	\$315.00	\$315.00
53	Location #22: Temporary Town Hall: Building #3, Building B - 8800 SW 36th Street	1	YR	\$315.00	\$315.00
54	Location #23: Temporary Town Hall: Building #4, Building C - 8800 SW 36th Street	1	YR	\$315.00	\$315.00
55	Location #24: Temporary Town Hall: Building #5, Building D - 8800 SW 36th Street	1	YR	\$315.00	\$315.00
56	Location #25: Temporary Town Hall: Building #6, Building HR - 8800 SW 36th Street	1	YR	\$315.00	\$315.00
57	Location #26: Utilities Administration: Building #1 Water Plant & Water Reclamation Facility - 7351 SW 30th Street	1	YR	\$835.00	\$835.00
TOTAL					\$6,575.00

FIRE SPRINKLER TEST & CERTIFICATION (ANNUALLY)

1. Past annual inspection reports are made available in Exhibit B.

Line Item	Description	Quantity	Unit of Measure	Cost Per Year	Total
58	Location #5: Fleet Maintenance Garage: Building #2 Public Works Compound- 6911 SW 45th Street	1	YR	\$490.00	\$490.00
59	Location #7: Fire Station 65: Building #2 Fire Station #65 - 1200 S Nob Hill Road	1	YR	\$495.00	\$495.00
60	Location #8: Fire Station 86: Building #3 Fire Station #86 & Community Center – 14651 SW 14th Street	1	YR	\$505.00	\$505.00
61	Location #10: Fire Station 104: Building #5 Fire Station #104 – 4491 Oakes Road	1	YR	\$485.00	\$485.00
62	Location #16: Potter Park: Building #1 PAL Multi-Purpose Center - 4300 SW 57th Terrace	1	YR	\$495.00	\$495.00
63	Location #26: Utilities Administration: Building #1 Water Plant & Water Reclamation Facility - 7351 SW 30th Street	1	YR	\$675.00	\$675.00
TOTAL					\$3,145.00

HOURLY RATE: ADDITIONAL MAINTENANCE & REPAIR SERVICES FOR FIRE & BURGLAR ALARM SYSTEMS

1. i.e. change outs, repairs, installation of new radios, bench repairs, etc. 2. Use of Sub-Contractors for specialized work i.e. engineering design services shall follow the same percentage mark-up as the parts & materials mark up.

Line Item	Description	Unit of Measure	Unit Cost
64	Regular Non-Overtime Rate	Per Hour	\$190.00

Line Item	Description	Unit of Measure	Unit Cost
65	Overtime Rate	Per Hour	\$240.00

FIRE & BURGLAR ALARM MATERIALS

1. Selected contractor(s) will bill for parts and materials at wholesale cost + percentage mark-up in an amount not to exceed 10 percent (10%). 2. i.e. change outs, repairs, installation of new equipment, etc. 3. Miscellaneous materials are not subject to the contract percentage mark up.

Line Item	Description	Unit of Measure	Percentage
66	Fire & Burglar Alarm Systems Material Markup (Not To Exceed 10%)	Percentage	10%

HOURLY RATE: ADDITIONAL MAINTENANCE & REPAIR SERVICES FOR FIRE SPRINKLERS

1. i.e. change outs, repairs, installation of new equipment, etc. 2. Use of Sub-Contractors for specialized work i.e. engineering design services shall follow the same percentage mark-up as the parts & materials mark up.

Line Item	Description	Unit of Measure	Unit Cost
67	Regular Non-Overtime Rate	Per Hour	\$190.00
68	Overtime Rate	Per Hour	\$240.00

FIRE SPRINKLER MATERIALS

1. Selected contractor(s) will bill for parts and materials at wholesale cost + percentage mark-up in an amount not to exceed 10 percent (10%). 2. Miscellaneous materials are not subject to the contract percentage mark up.

Line Item	Description	Unit of Measure	Percentage
69	Fire Sprinkler Material Markup (Not To Exceed 10%)	Percentage	10%

DUAL PATH CONNECTIVITY

Line Item	Description	Unit of Measure	Unit Cost
70	Upgrade to dual path connectivity as needed per location	EA	\$7,750.00

INVENTORY & OBSOLETE EQUIPMENT LIST

1. The selected contractor(s) is responsible for compiling an inventory list, which includes all equipment. i.e. strobe lights, horns, annunciators, batteries and all other materials per location. 2. The selected contractor(s) will also need to specify what systems/materials/equipment is obsolete. 3. Communicator retrofit, panel replacements) – (if/where required) 3. Refer to the Inventory & Obsolete Equipment List section of the bid for full requirements.

Line Item	Description	Unit of Measure	Unit Cost
71	Inventory & Obsolete Equipment List	LS	\$0.00



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

**THE ALARM SYSTEM CONTRACTOR I HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES**
Additional Business Qualification

HUMBERT, GREGORY A

LIFESAFETY MANAGEMENT, INC.
2017 CORPORATE DR
BOYNTON BEACH FL 33426

LICENSE NUMBER: EF20001430

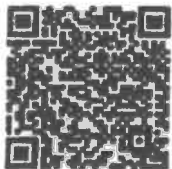
EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/03/2024

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.





City of Boynton Beach
 Development Services
 100 E. Ocean Ave.
 Boynton Beach, FL 33435-0190



AUTOSCH 5-DIGIT 33436 1 PSS 154252BC14-A-1
 95 3 AV D.588



LIFESAFETY MANAGEMENT INC
 2017 CORPORATE DR
 BOYNTON BEACH FL 33426-6653



Dear Boynton Beach Business and Property Owners:

We appreciate your continued participation in supporting the economic growth and viability of our City by maintaining your Certificate of Use and Occupancy & Local Business Tax.

In accordance with Chapter 13 of the City of Boynton Beach Municipal Ordinance, the document(s) below must be posted in a conspicuous place at your business or property. Should assistance be needed please contact the Development Services Division at (561)742-6000 or visit our website at www.boynton-beach.org.

↓ DETACH THE DOCUMENT BELOW AND POST CONSPICUOUSLY AT YOUR PLACE OF BUSINESS ↓

City of Boynton Beach Certificate of Use/Business Tax Receipt

Expires on September 30, 2026

Business Control Number: 0027442
Date Issued: 08/14/25

Business Name: Lifesafety Management Inc
Business Location: 2017 Corporate Dr

Any changes in name, address, suite, ownership, nature of business, etc. will require a new application.

COU/BTR Number	Classification Code	Classification	Additional Information
26-00040510	561621	CONTRACTOR, BURGLAR/FIRE ALARM	EF20001430 -HUMBERT GROGORY A



City of Boynton Beach
 100 E. Ocean Ave. • Boynton Beach, FL 33435-0190

LSB071624PT16250 - 154252BC14 A 195.1 1 0.588 - www.dclapras.com



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

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

****LOCATED AT****
 2017 CORPORATE DR
 BOYNTON BEACH, FL 33426

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
RM SYSTEM CONTRACTOR	HUMBERT GREGORY A	EF20001430	B25.555980 09/11/2025	\$27.50	B40134885

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



LIFESAFETY MANAGEMENT INC
 LIFESAFETY MANAGEMENT INC
 2017 CORPORATE DR
 BOYNTON BEACH FL 33426

STATE OF FLORIDA
PALM BEACH COUNTY
2025 / 2026 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 201358143
EXPIRES: 09/30/2026

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



City of Boynton Beach
 Development Services
 100 E. Ocean Ave.
 Boynton Beach, FL 33435-0190



AUTOSCH 5-DIGIT 33436 1 PSS 154252BC14-A-1
 97 1 AV 0.588



LIFESAFETY MANAGEMENT INC
 2017 CORPORATE DR
 BOYNTON BEACH FL 33426-6653



Dear Boynton Beach Business and Property Owners:

We appreciate your continued participation in supporting the economic growth and viability of our City by maintaining your Certificate of Use and Occupancy & Local Business Tax.

In accordance with Chapter 13 of the City of Boynton Beach Municipal Ordinance, the document(s) below must be posted in a conspicuous place at your business or property. Should assistance be needed please contact the Development Services Division at (561)742-6000 or visit our website at www.boynton-beach.org.

↓ DETACH THE DOCUMENT BELOW AND POST CONSPICUOUSLY AT YOUR PLACE OF BUSINESS ↓

City of Boynton Beach Certificate of Use/Business Tax Receipt

Expires on September 30, 2026

Business Control Number: 0027442
Date Issued: 08/14/25

Business Name: Lifesafety Management Inc
Business Location: 2017 Corporate Dr

Any changes in name, address, suite, ownership, nature of business, etc. will require a new application.

COU/BTR Number	Classification Code	Classification	Additional Information
26-00051701	231809	CONTRACTOR, MISCELLANEOUS (REF1799)	SCHULL JOHN P FIRE PROTECTION SYSTEMS FPC18-000047



City of Boynton Beach
 100 E. Ocean Ave. • Boynton Beach, FL 33435-0190



Party Site No.: **623970**
Expires: **31-Dec-2026**

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY that the Alarm / Service Company identified below is included by - UL Solutions (UL) in its UL Product iQ directories as eligible to use the UL Listing Mark in connection with Certificated Systems. The only evidence of compliance with UL's requirements is the issuance of a UL Certificate for the System and the Certificate is active under UL's Certificate Verification Service. This Certificate does not apply in any way to the communication channel between the protected property and any facility that monitors signals from the protected property.

Listed Service From: HAGERSTOWN , MARYLAND

Alarm / Service Company: (623970)

DYNAMARK MONITORING INC
525 NORTHERN AVE
PO BOX 2070
HAGERSTOWN , Maryland 21742-2070 UNITED STATES

The Alarm / Service Company is Listed in the following Certificate Service Categories:

<u>File</u>	<u>Vol No.</u>	<u>CCN</u>	<u>Listing Category</u>
S25029	1	UUFX	Central-station Protective Signaling Services



*****THIS CERTIFICATE EXPIRES ON 31-DEC-26*****

"LOOK FOR THE UL ALARM / SYSTEM CERTIFICATE"



AFFIDAVIT COMPLIANCE WITH FOREIGN ENTITY LAWS

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

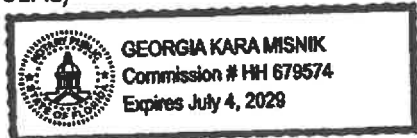
1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)
6. Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(1), Florida Statutes)
7. Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.
8. *(Only applicable if purchasing real property)* Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)
9. The undersigned is authorized to execute this affidavit on behalf of Entity.

Date: 2/9, 2026 Signed: [Signature]
 Entity: Life Safety Management Inc Name: Michael Sharf
 Title: Sales Manager

STATE OF FLORIDA
 COUNTY OF Palm Beach

Sworn to and subscribed before me by means of physical presence or online notarization, this 9th day of February, 2026, by Michael Sharf.

(NOTARY SEAL)



[Signature]
 Signature of Notary Public-State of Florida
 (Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification
 Type of Identification Produced _____



AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".

The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: 2/9, 2026

Signed: _____

Entity: Life Safety Management Inc

Name: _____

Michael Sharf

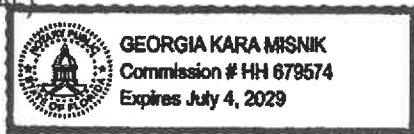
Title: _____

Sales Manager

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to and subscribed before me by means of physical presence or online notarization, this 9th day of February, 2026, by Michael Sharf.

(NOTARY SEAL)



Signature of Notary Public-State of Florida

Georgia Kara Misnik
(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

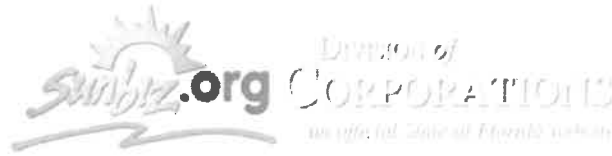
AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED LifeSafety Management, Inc / Fortis Fire & Safety, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Excess Policy EX251545R02: 05/01/25 to 05/01/26
Underlying Policy Schedule:
General Liability Policy GL252435R02: 05/01/25 to 05/01/26
Auto Liability Policy CAP 3 757 746: 05/01/25 to 05/01/26
Employers Liability Policy WC 3 757 745: 05/01/25 to 05/01/26



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Profit Corporation

LIFESAFETY MANAGEMENT, INC.

Filing Information

Document Number	F23000004161
FEI/EIN Number	65-0524899
Date Filed	07/18/2023
State	DE
Status	ACTIVE

Principal Address

2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Changed: 03/22/2025

Mailing Address

2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Changed: 03/22/2025

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 08/07/2024

Address Changed: 08/07/2024

Officer/Director Detail

Name & Address

Title Director of Operations

Shull, Peter
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title VP, Operations

Vielehr, Michael
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title General Counsel

Poole, Ellen
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title Director

Kochen, Joshua
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title Director

Stretton, Alexander
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title CFO

Wasserman, Marc
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title Secretary

Wasserman, Marc
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title Treasurer

Wasserman, Marc
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title CEO

Ennis, Richard
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title Assistant Secretary

Ennis, Richard
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Title Director

Ennis, Richard
2017 CORPORATE Drive
BOYNTON BEACH, FL 33426

Annual Reports

Report Year	Filed Date
2024	06/03/2024
2024	12/11/2024
2025	03/22/2025

Document Images

03/22/2025 -- ANNUAL REPORT	View image in PDF format
12/11/2024 -- AMENDED ANNUAL REPORT	View image in PDF format
08/07/2024 -- Reg. Agent Change	View image in PDF format
06/03/2024 -- ANNUAL REPORT	View image in PDF format
07/18/2023 -- Foreign Profit	View image in PDF format

View image in PDF format

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.) LifeSafety Mangement Inc</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 checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) 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>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>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. <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 2017 Corporate Drive</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code Boynton Beach, FL 33426</p>	
	<p>7 List account number(s) here (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											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
or											
Employer identification number											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>	6	5	-	0	5	2	4	8	9	9	
6	5	-	0	5	2	4	8	9	9		

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 <u>1/19/26</u>
------------------	--------------------------	---------------------

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