CONFLICT OF INTEREST

Bidder must execute either Section I or Section II hereunder, relative to Florida State Statute 112. Failure to execute either section may result in rejection of your bid/proposal. All Proposers must disclose, with their bid/proposal, the name of any officer, director, or agent who is also an employee of the Hernando County School District. Further, all Proposers must disclose the name of any HCSB employee(s) who own directly, or indirectly, an interest in the Proposer or any of its branches or subsidiaries.

SECTION I

I hereby certify that no official or employee of Hernando County School Board, requiring the goods or services described in these specifications, has a material financial interest in this company.

C

Signature of Officer/Agent authorized

Bill LESTER

Advanced Roofing Inc.

Company Name

4909 W Knollwood St

Business Address

Tampa, FL 33634

City, State, Zip Code

SECTION II

I hereby certify that the following named Hernando County School Board official(s) and/or employee(s) having material Nancy McClain Alfonso financial interest(s) in this company. (Please use separate sheet if needed)

General Counsel, HCSB

Approved as to form

Name

Title or Position

Name

Signature of Officer/Agent authorized

Print Name

Title or Position

Company Name

Business Address

City, State, Zip Code

CONFLICT OF INTEREST

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SECTION I

I hereby certify that no official or employee of Hernando County School Board, requiring the goods or services described in these specifications, has a material financial interest in this company.

C

Signature of Officer/Agent authorized

Bill LESTER

Advanced Roofing Inc.

Company Name

1950 NW 22nd St,

Business Address

Fort Lauderdale, FL 33311

City, State, Zip Code

SECTION II

I hereby certify that the following named Hernando County School Board official(s) and/or employee(s) having material Nancy McClain Alfonso financial interest(s) in this company. (Please use separate sheet if needed)

General Counsel, HCSB

Approved as to form

Name

Title or Position

Name

Signature of Officer/Agent authorized

Print Name

Title or Position

Company Name

Business Address

City, State, Zip Code