

**TAMPA SPORTS AUTHORITY
MANDATORY PRE-BID CONFERENCE**

(MONDAY, DECEMBER 8, 2014 @ 10:00 A.M.)

PLEASE PRINT LEGIBLY

BID#: 14-01

BID DUE DATE: TUESDAY, DECEMBER 23, 2014 BY 10:00 AM

BID TITLE: AERIAL WARNING LIGHTS REPLACEMENT

COMPANY NAME: Tampa Sports Authority

CONTACT NAME: Delecia Jones

CONTACT'S EMAIL: djones@tampasportsauthority.com

MAILING ADDRESS: 4201 N. Dale Mabry Hwy.

CITY/STATE/ZIP: Tampa, FL 33607

PHONE NUMBER: 813-350-6511 FAX NUMBER: 813-2073-4308
(INCLUDE AREA CODE)

COMPANY NAME: Peak Power Services

CONTACT NAME: Bryan Stanton / Kevin Bayles

CONTACT'S EMAIL: BStanton@PeakPowerServices.com

MAILING ADDRESS: 7819 Professional Place Tampa FL

CITY/STATE/ZIP: 33637

PHONE NUMBER: 813-468-3850 FAX NUMBER: _____
(INCLUDE AREA CODE)

COMPANY NAME: USA ELECTRICAL SERVICES

CONTACT NAME: JOHN RESEMBLES / MACV. HARLEN

CONTACT'S EMAIL: JOHN@USA-ELECTRICAL.PRO

MAILING ADDRESS: 10961 STATE RD 52 STE, 104

CITY/STATE/ZIP: HUDSON, FL. 34669

PHONE NUMBER: 727 919-4774 FAX NUMBER: 727 863-0441
(INCLUDE AREA CODE)

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BID TITLE:	AERIAL WARNING LIGHTS REPLACEMENT
COMPANY NAME:	SUNKRAFT ELECT.
CONTACT NAME:	DON BARBER
CONTACT'S EMAIL:	DONBARBER1@YAHOO.COM
MAILING ADDRESS:	644 CLEARLAKE ROAD
CITY/STATE/ZIP:	COCONA FL 32922
PHONE NUMBER: (INCLUDE AREA CODE)	321 537 0214 FAX NUMBER:
COMPANY NAME:	ATA ELECTRIC
CONTACT NAME:	DAN PERDOMO
CONTACT'S EMAIL:	DPERDOMO@ATAELECTRICSERVICES.COM
MAILING ADDRESS:	HOOVER-WATCHER AVE
CITY/STATE/ZIP:	TAMPA, FL 33614
PHONE NUMBER: (INCLUDE AREA CODE)	813-872-8597 FAX NUMBER: 813-267-7301
COMPANY NAME:	
CONTACT NAME:	
CONTACT'S EMAIL:	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBER: (INCLUDE AREA CODE)	FAX NUMBER:

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BID TITLE: AERIAL WARNING LIGHTS REPLACEMENT

COMPANY NAME: On Power Services

CONTACT NAME: Rick Dardas

CONTACT'S EMAIL: Bids@onpowerusa.com

MAILING ADDRESS: 7676 Jean Blvd.

CITY/STATE/ZIP: Ft. Myers FL 33967

PHONE NUMBER: 239-288-7965 FAX NUMBER: 239-288-7969
(INCLUDE AREA CODE)

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT'S EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____
(INCLUDE AREA CODE)

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT'S EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____
(INCLUDE AREA CODE)