

LIC. # RA0061398

**ACCURATE** 2638  
Air Conditioning & Refrigeration  
(407) 896-1846

P.O.Box 540352 Orlando, FL 32854

**SERVICE INVOICE**

Customer's Order No.				Phone	Mechanic	Helper	Date of Order	
Bill To				Address			City	Date 8/16/18
Job Name and Location				Ordered By				Job Phone
13448 Budworth Cir.				NO A/L				

- Day Work
- Contract
- Extra

**DESCRIPTION OF WORK**

Oiled, cleaned and serviced system.  
 Drain line ~~is~~ clogged.  
 Drain control head unit off.  
 Oiled motors -  
 Freon pressures - normal  
 filter - ok -  
 Air flow & Temp - normal  
 Acid cleaned drain pan, line  
 and trap.  
 1/4 gal Koil Klean 16<sup>00</sup>

MECH	STBVB	HRS	1	TOTAL MATERIALS	
				TOTAL LABOR	75 <sup>00</sup>
		TOTAL		TAX	
<input type="checkbox"/> No One Home				Date Completed	TOTAL AMOUNT \$
					91 <sup>00</sup>

Signature: \_\_\_\_\_

I hereby acknowledge the satisfactory completion of the above described work.

Total amount due for above work

Total billing to be mailed after completion of work

**BofA Core Checking - 6873: Account Activity Transaction Details**

**Check number:** 00000000114

**Post date:** 08/27/2018

**Amount:** -60.00

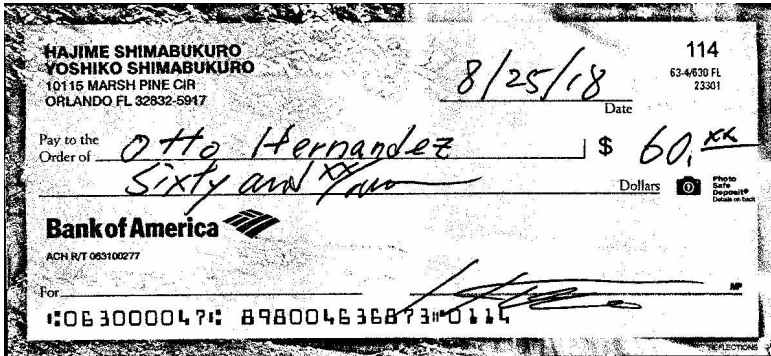
**Type:** Check

**Description:** Check

**Merchant name:** Check



**Transaction category:** Uncategorized: Pending



Your Prime Cleaning Services Corp  
US  
(321) 666-4695  
primecleaningservices@outlook.com



## INVOICE

### BILL TO

Shigeki Furuya  
13448 Budworth Cir  
Orlando, Fl 32832 Usa

INVOICE # 1091

DATE 08/27/2018

DUE DATE 09/26/2018

TERMS Net 30

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ACTIVITY	QTY	RATE	AMOUNT
Cleaning Service	1	80.00	80.00
BALANCE DUE			<b>\$80.00</b>

Payment sent

We sent a confirmation email.

Your Prime Cleaning Services Corp

Invoice no.1091

Invoice total \$80.00

Amount paid \$80.00

Balance Due \$0.00

Date paid August 28, 2018

Payment method MasterCard ●●●●1425

Transaction IDa0idrftg71113165



More saving.  
More doing.™

7007 NARCOOSSEE ROAD  
ORLANDO, FL 32822 (407)2732024

6869 00057 75192 08/25/18 01:45 PM  
SELF CHECK OUT

031949488727 FPR4FILTER <A> 8.97  
20"X20"X1" HOUSEHOLD PLEAT FLTR 3PK

*AC Filter*

SUBTOTAL 8.97  
SALES TAX 0.59  
TOTAL \$9.56

XXXXXXXXXXXX1425 MASTERCARD USD\$ 9.56  
AUTH CODE 01666P/1572031 TA  
AID A0000000041010 MasterCard



6869 57 75192 08/25/2018 9687

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 11/23/2018

\*\*\*\*\*  
DID WE NAIL IT?

Take a short survey for a chance TO WIN  
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID: 2PX3 157542 150730  
PASSWORD: 18425 150673

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.

# Publix

Cornerstone at Lake Hart  
10615 Narcoossee Road  
Orlando, FL 32832  
Store Manager: Alan Still  
407-277-1089

SUNPASS STICKER 4.99 T

Order Total 4.99  
Sales Tax 0.33  
Grand Total 5.32  
Credit Payment 5.32  
Change 0.00

PRESTO!  
Trace #: 512531  
Reference #: 0010443392  
Acct #: XXXXXXXXXXXX1425  
Purchase MasterCard  
Amount: \$5.32  
Auth #: 82506P

CREDIT CARD PURCHASE  
A0000000041010 MasterCard  
Entry Method: Chip Read  
Mode: Issuer

Your cashier was Katie

08/25/2018 14:03 S0886 R151 7543 C0420

Explore the many ways to save at Publix.  
View bargains at [publix.com/savingstyle](http://publix.com/savingstyle)

Publix Super Markets, Inc.

YOSHIKO SHIMABUKURO  
HAJIME SHIMABUKURO  
10115 MARSH PINE CIR  
ORLANDO, FL 32832

**Policy Number: 924133991**

Underwritten by:  
Progressive Select Insurance Co  
August 31, 2018  
Policy Period: Aug 31, 2018 - Feb 28, 2019  
Page 1 of 2

**progressive.com**

**Online Service**  
Make payments, check billing activity, update  
policy information or check status of a claim.

**1-800-776-4737**

For customer service and claims service,  
24 hours a day, 7 days a week.

# Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began on August 31, 2018 at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on February 28, 2019 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9611D FL (07/17).

**Drivers and resident relatives**

	Additional information
Yoshiko Shimabukuro	Named insured
Hajime Shimabukuro	Named insured
Shigeki Furuya	

**Outline of coverage**

**2018 LEXUS GX 460 4 DOOR WAGON**

VIN: **JTJBM7FX9J5202931**

Garaging ZIP Code: 32832

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		\$284
Property Damage Liability	\$100,000 each accident		186
Personal Injury Protection/Deductible applies to	\$10,000	\$1,000/person	90
Named Insured/Spouse/Dependent Resident Relatives	Work Loss Excluded		
Uninsured Motorist - Nonstacked	\$250,000 each person/\$500,000 each accident		124
Comprehensive	Actual Cash Value	\$250	43
Collision	Actual Cash Value	\$250	274
<b>Total 6 month policy premium</b>			<b>\$1,001.00</b>

**Premium discounts**

Policy	
924133991	Paid in Full, Online Signature - First Policy Period Only, Home Owner, Online Quote, Continuous Insurance: Gold and Paperless
Vehicle	
2018 LEXUS GX 460	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device

**Policyholder inquiries**

You may call Customer Service at 1-800-776-4737 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

**Agent signature**



**Company officers**



Secretary