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Florida Department of Revenue
General Tax Administration

Jim Zingale
Executive Director

5050 West Tennessee Street, Tallahassee, FL 32399

floridarevenue.com

April 16, 2024

Florida Department of Law Enforcement
Office of Executive Investigations
500 W Robinson St
Orlando FL 32801-1722

Advocate's Exhibit: **H**

Dear Inspector David Hubbard ID# 1273:

RE: Subpoena

This is in response to your Subpoena for certified records.

Bryan Andrew Lober – [redacted]
After a diligent search of our records, we do not find where the above business has registered to file taxes with the Department.

With the information provided, we are unable to locate Use Tax and the DR-15MO for the above referenced individual.

[redacted]
After a diligent search of our records, we do not find where the above business has registered to file taxes with the Department.

With the information provided, we are unable to locate Use Tax and the DR-15MO for the above referenced individual.

This confidential state tax information is being provided in accordance with 20 CFR 603 and ss. 443.171(5) and 443.1715(1) and may be used by public employees in performance of their official duties. Public employees receiving this information must maintain the confidentiality of the information.

Pursuant to the authority contained in section 213.071, Florida Statutes, I hereby certify that I am the officially designated Custodian of Records for the Florida Department of Revenue as set forth in Chapter 443, 212, and 220, Florida Statutes respectively.
If you need further assistance, please call Records Management at 850-617-8489.

Sincerely,
Records Management
Mariah Decree

IN WITNESS WHEREOF, I hereby set my hand and signature to be affixed this date, April 16, 2024.

Mariah Decree
Tax Specialist II
Enclosures
by: Email

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☒ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
☐ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA

DIVISION	SUBPOENA	CASE NUMBER
☐ CIVIL ☒ CRIMINAL	☐ DUCES TECUM ☒ DUCES TECUM WITHOUT DEPOSITION	EI-11-0077 CLOCK IN

PLAINTIFF: **STATE OF FLORIDA** VS. DEFENDANT: **BRYAN ANDREW LOBER**

This subpoena is issued pursuant to Florida Statutes sections 27.04, 92.605, Florida Rule of Criminal Procedure 3.361, and Title 18 U.S.C. Section 2703(c)2. A response is due within 20 business days of receipt of this subpoena unless a longer time period is stated herein. Under Title 18 U.S.C. Section 2703(c)3, notice to the subscriber or customer is not required.

STATE OF FLORIDA

TO:
Florida Department of Revenue
Attn: Custodian of Records
2450 Shumard Oak Blvd.
Room 1-5839
Tallahassee, Florida 32399-0162

DATE:	**LOCATION:** 101 Eslinger Way, 2nd Floor, Sanford, FL 32773-8006
TIME:	**APPEAR BEFORE:** Chief Assistant State Attorney Stacey Salmons

☒ **YOU ARE COMMANDED** to appear on the date and time indicated above to testify in this action. If you fail to appear, you may be in contempt of Court.

☒ **YOU MUST** have with you at the time and place the following:

For the period, March 20, 2021 to date of receipt of subpoena, provide any and all use tax return and payment data, submitted to the Florida Department of Revenue on form DR-15MO (Out-of-State Purchase Return), or any other filing document, either electronically or on paper, by or on behalf of Bryan Andrew Lober, [redacted]

In lieu of appearance, provide information along with invoice, if applicable, to:

Inspector David Hubbard, ID# 1273
Florida Department of Law Enforcement
Office of Executive Investigations
500 W. Robinson Street, Orlando, Florida 32801
Email: DavidHubbard@fdle.state.fl.us (Preferred)
Any questions please call: **407-595-6979**

YOU ARE SUBPOENAED TO APPEAR BY THE FOLLOWING ATTORNEY AND UNLESS EXCUSED FROM THIS SUBPOENA BY THIS ATTORNEY OR THE COURT, YOU SHALL RESPOND TO THIS SUBPOENA AS DIRECTED

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Inspector David Hubbard, 500 W. Robinson Street, Orlando, Florida 32801, and 407-595-6979 at least 7 days before your scheduled appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

ATTORNEY STACEY SALMONS, A.S.A.		
RACHEL SADOFF CLERK OF COURTS	BY Brandy Wood DC	4/8/24 DATE

IMPORTANT
ALL VENDORS PLEASE READ

In the event the choice is made to provide the requested documentation absent of appearance, the attached business records certification page must be completed and notarized by the custodian of records in your company, which will be used by the State to authenticate the records that you are providing.

Please note that the custodian of records who completes the business records certification page must specifically describe the contents of the documents being provided, as well as the exact title of their position within the company.

PLEASE NOTE: Without the completed business records certification page, witness testimony is mandatory from your company to authenticate the records provided. Therefore, please assure that the business records certification page is correctly completed, and returned with the requested documents/records to avoid the mandatory witness testimony authentication.

THANK YOU FOR YOUR COOPERATION

BUSINESS RECORD CERTIFICATION

BEFORE ME, the undersigned authority, personally appeared _____, who was duly sworn under oath and says under the penalty of perjury that the following statements are true:

1. I, _____, am currently employed with _____ as the _____ for this business, which is located at _____.

2. The records attached to this Certification are true and accurate copies of the original documents made and kept in the course of the regularly conducted business activity.

3. These records are identified as follows: _____

   _____

   _____

   _____

   (Describe the contents of the attached documents. For example: Medical records of John Doe; or, Account information for telephone number XXX-XXX-XXXX; or, Account holder information and monthly bank statements for account number(s) XXXXXXXXXXXX.)

4. The attached record(s) were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person having knowledge of those matters acting within the course of regularly conducted business activity.

5. These records were made and kept pursuant to the regular practice of our business and are regularly relied upon by our business.

6. I am aware that falsely making this Certification or Declaration would subject me to criminal penalty under the laws of the foreign or domestic location in which this certification or declaration was signed.

7. I have signed this Certification under oath with the understanding that I will be subject to the laws of the foreign or domestic location in which this certification was signed.

I do hereby swear or affirm that this certification and the attached records are true and accurate.

_____
(Affiant Signature)

THE FOREGOING Certification was acknowledged before me this _____ day of _____, 2024.

The affiant is ___ personally known to me or ___ has presented _____ as identification.

_____
NOTARY PUBLIC (print name)

_____
NOTARY PUBLIC (sign name)
My Commission Expires: _____