



SEMINOLE COUNTY
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, ROOM 2028
SANFORD, FLORIDA 32771
(407) 665-7371 EPLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #: **25-06000057**RECEIVED 12/08/2025
PAID 12/08/2025 (AFTER 4PM)

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES

<input type="checkbox"/> SMALL SITE PLAN (<2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	\$500.00
<input type="checkbox"/> RESTRIPING/RESURFACING PARKING (WITH NO CHANGES TO THE EXISTING LAYOUT)	
<input type="checkbox"/> FILL (≥100 CUBIC YARDS OF FILL AND/OR IN FLOOD PLAIN OR WETLAND PER SEC. 40.2)	\$500.00
<input type="checkbox"/> DREDGE AND FILL	\$750.00
<input checked="" type="checkbox"/> SITE PLAN (>2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	CALCULATED BELOW MAXIMUM \$9,000
NEW BUILDING SQUARE FOOTAGE: <u>22,500 SF</u> + NEW PAVEMENT SQUARE FOOTAGE: <u>28,355 SF</u> = TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: <u>50,855 SF</u>	
(TOTAL NEW ISA <u>50,855 SF</u> /1,000 = <u>50.86</u>)* x \$25 + \$2,500 = FEES DUE: <u>\$ 3,771.38</u> <u>EXAMPLE: 40,578 SF OF NEW ISA SUBJECT FOR REVIEW = 40,578/1,000 = 40.58* x \$25 = \$1,014.50 + \$2,500 = \$3,514.50</u>	
*ROUNDED TO 2 DECIMAL POINTS	

PROJECT

PROJECT NAME:	Cathcart Flex Space					
PARCEL ID #(S):	29-21-31-300-0100-0000					
DESCRIPTION OF PROJECT:						
Construct three (3) new flex space buildings with parking, drives, retention and landscaping						
EXISTING USE(S):	Office / Warehouse	PROPOSED USE(S):	Office / Warehouse			
ZONING:	PD	FUTURE LAND USE:	IND			
TOTAL ACREAGE:	1.93 AC	BCC DISTRICT:	1			
WATER PROVIDER:	Seminole County	SEWER PROVIDER:	Seminole County			
ARE ANY TREES BEING REMOVED?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	(IF YES, ATTACH COMPLETED ARBOR APPLICATION)			
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF FILL PROPOSED:						

APPLICANT		EPLAN PRIVILEGES: <input type="checkbox"/> VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>		
NAME: John Cathcart	COMPANY: Trade Connection Flex Space			
ADDRESS: 1056 Willa Springs Drive				
CITY: Winter Springs	STATE: Florida	ZIP: 32708		
PHONE: 407-629-2900	EMAIL: cathcart01@yahoo.com			

CONSULTANT		EPLAN PRIVILEGES: <input type="checkbox"/> VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>		
NAME: Thomas H. Skelton, PE	COMPANY: American Civil Engineering Complany			
ADDRESS: 207 N. Moss Road, Suite 211				
CITY: Winter Springs	STATE: Florida	ZIP: 32708		
PHONE: 407-461-7334	EMAIL: tomskelton468@gmail.com			

OWNER(S)		(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)		
NAME(S): (Applicant)				
ADDRESS:				
CITY:	STATE:	ZIP:		
PHONE:	EMAIL:			

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)			
<input type="checkbox"/> I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.))			
<u>TYPE OF CERTIFICATE</u>		<u>CERTIFICATE NUMBER</u>	<u>DATE ISSUED</u>
VESTING:		_____	
TEST NOTICE:		_____	
<input checked="" type="checkbox"/> Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the Development Order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.			
<input type="checkbox"/> Not applicable			

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. **The review fee provides for two plan reviews. Additional reviews will require an additional fee.**

I hereby represent that I have the lawful right and authority to file this application.

John Cathcart
SIGNATURE OF AUTHORIZED APPLICANT

11/25/25
DATE

OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, John Cathcart, the owner of record for the following described property [Parcel ID Number(s)] 29-21-31-300-0100-0000 hereby designates Thomas H. Skelton, PE / American Civil Engineering Co. to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

11/25/25

Date



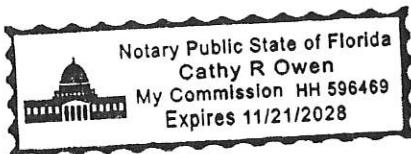
Property Owner's Signature

John Cathcart

Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF SEMINOLE

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared JOHN CATHCART (property owner), by means of physical presence or online notarization; and who is personally known to me or who has produced — as identification, and who executed the foregoing instrument and sworn an oath on this 25th day of NOVEMBER, 2025.



Cathy R. Owen
Notary Public

113000067443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

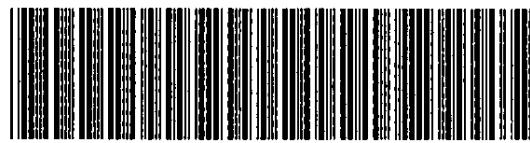
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600247580906

05/07/13--01026--018 **150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY - 7 PM 12: 20

MAY - 8 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trade Connection Flex-Space, LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

John Cathcart

(Contact Person)

John Cathcart, Inc.

(Firm/Company)

PO Box 195788

(Address)

Winter Springs, FL 32719-5788

(City, State and Zip Code)

cathcart01@yahoo.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

John Cathcart

at (407) 341-6465

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) \$155.00 Filing Fees
and Certificate of
Status \$180.00 Filing Fees
and Certified Copy \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
“Other Business Entity”
Into
Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following **“Other Business Entity”** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the “Other Business Entity” immediately prior to the filing of this Certificate of Conversion is:

Cathcart Florida - Mikler, Inc.

(Enter Name of Other Business Entity)

2. The “Other Business Entity” is a Corporation

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on November 8, 2006

(Enter date “Other Business Entity” was first organized, formed or incorporated)

3. If the jurisdiction of the “Other Business Entity” was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Trade Connection Flex-Space, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____.

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The “Other Business Entity” currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

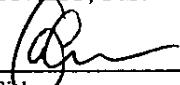
**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

13 MAY -7 PM 12: 20

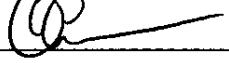
Signed this 30th day of April 2013.

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: 
Printed Name: John Cathcart Title: Manager

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: 
Printed Name: John Cathcart Title: President

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trade Connection Flex-Space, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2570 Connection Point

Oviedo, FL 32765

Mailing Address:

PO Box 195788

Winter Springs, FL 32719-5788

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John Cathcart

Name

1056 Willa Springs Drive

Florida street address (P.O. Box NOT acceptable)

Winter Springs

FL 32708

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

13 MAY - 7 PM 12:20
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DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John Cathcart

1056 Willa Springs Drive

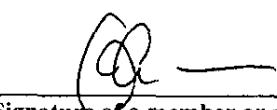
Winter Springs, FL 32708

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John Cathcart

Typed or printed name of signee

Page 2 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY -7 PM 12: 20

Property Record Card



Parcel: 29-21-31-300-0100-0000
 Property Address: 2564 CONNECTION PT OVIEDO, FL 32765
 Owners: CATHCART, FLORIDA MIKLER
 2026 Market Value \$560,209 Assessed Value \$560,209 Taxable Value \$560,209
 2025 Tax Bill \$7,698.04
 The / Mixed Commercial/Residential property is 1,960 SF and a lot size of 1.67 Acres

Parcel Location



Site View



Parcel Information

Parcel	29-21-31-300-0100-0000
Property Address	2564 CONNECTION PT OVIEDO, FL 32765
Mailing Address	PO BOX 195788 WINTER SPGS, FL 32719-5788
Subdivision	
Tax District	01:County Tax District
DOR Use Code	12:Mixed Commercial/Residential
Exemptions	None
AG Classification	No

Value Summary

	2026 Working Values	2025 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	2	2
Depreciated Building Value	\$268,077	\$271,270
Depreciated Other Features	\$1,919	\$1,280
Land Value (Market)	\$290,213	\$290,213
Land Value Agriculture	\$0	\$0
Just/Market Value	\$560,209	\$562,763
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adjustment	\$0	\$0
Assessed Value	\$560,209	\$562,763

2025 Certified Tax Summary

Tax Amount w/o Exemptions	\$7,698.04
Tax Bill Amount	\$7,698.04
Tax Savings with Exemptions	\$0.00

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Owner(s)

Name - Ownership Type

CATHCART, FLORIDA MIKLER

Legal Description

SEC 29 TWP 21S RGE 31E E 131.8 FT OF N 1/2
OF NW 1/4 OF SW 1/4

Taxes					
Taxing Authority		Assessed	Exempt Amount	Taxable	
COUNTY GENERAL FUND		\$560,209	\$0	\$560,209	
Schools		\$560,209	\$0	\$560,209	
FIRE		\$560,209	\$0	\$560,209	
ROAD DISTRICT		\$560,209	\$0	\$560,209	
SJWM(Saint Johns Water Management)		\$560,209	\$0	\$560,209	

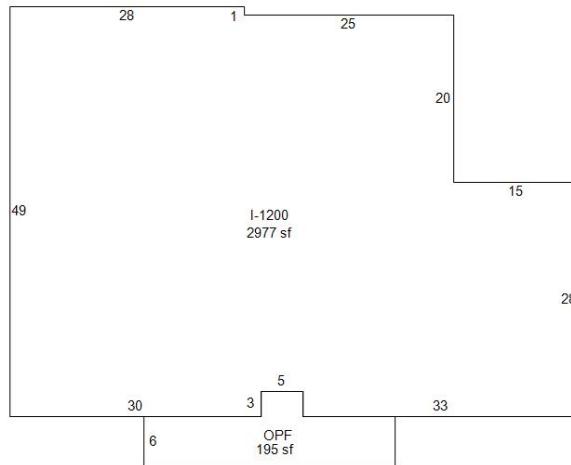
Sales					
Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
CORRECTIVE DEED	1/1/2007	\$100	06559/1596	Improved	No
WARRANTY DEED	12/1/2006	\$510,000	06520/0006	Improved	Yes
WARRANTY DEED	9/1/2005	\$540,000	06110/0981	Improved	Yes

Land					
Units		Rate		Assessed	Market
83,635 SF		\$3.47/SF		\$290,213	\$290,213

Building Information					
#		1			
Use		BARNS/SHEDS			
Year Built*		2007			
Bed		0			
Bath		0.0			
Fixtures		0			
Base Area (ft ²)		1960			
Total Area (ft ²)		1960			
Construction		CONC BLOCK			
Replacement Cost		\$54,096			
Assessed		\$50,580		Building 1	

* Year Built = Actual / Effective

Building Information	
#	2
Use	COMM/RES
Year Built*	1973
Bed	
Bath	
Fixtures	0
Base Area (ft ²)	2977
Total Area (ft ²)	
Construction	CONCRETE BLOCK - MASONRY
Replacement Cost	\$322,218
Assessed	\$217,497



* Year Built = Actual / Effective

Appendages

Description	Area (ft ²)
OPEN PORCH FINISHED	195

Permits

Permit #	Description	Value	CO Date	Permit Date
01747	RELOCATE 100 AMP SERVICE FROM OVERHEAD TO UNDERGROUND; PAD PER PERMIT 2576 MIKLER RD	\$1,300		3/4/2009
10423	DEMOLISH EXISTING STRUCTURE	\$50		9/18/2007
02571	STORAGE BLDG; PAD PER PERMIT 2576 MIKLER RD	\$69,678	1/25/2008	3/14/2007
19751	REROOF W/SHINGLES	\$10,418		11/16/2005

Extra Features

Description	Year Built	Units	Cost	Assessed
COMMERCIAL CONCRETE DR 4 IN	1979	588	\$3,199	\$1,919

Zoning

Zoning	PD
Description	Planned Development
Future Land Use	IND
Description	Industrial

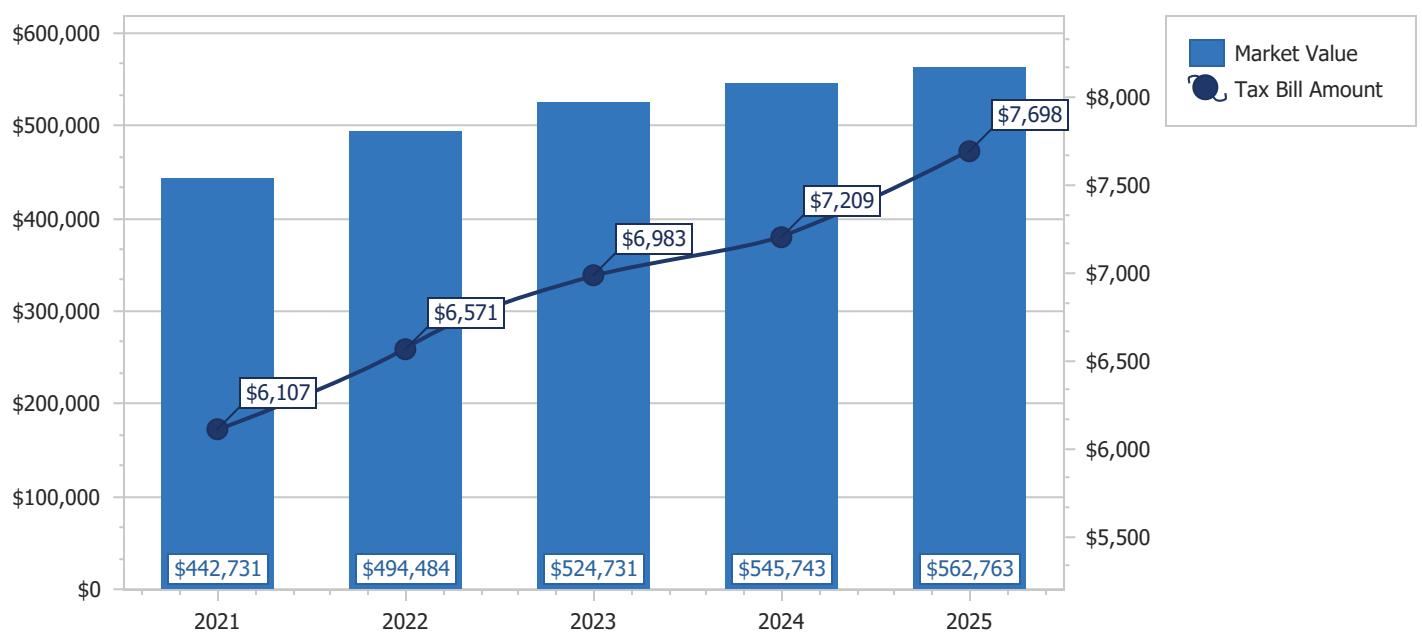
School Districts

Elementary	Evans
Middle	Tuskawilla
High	Lake Howell

Political Representation	
Commissioner	District 1 - Bob Dallari
US Congress	District 7 - Cory Mills
State House	District 38 - David Smith
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 69

Utilities	
Fire Station #	Station: 29 Zone: 292
Power Company	DUKE
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	MON/THU
Recycle	THU
Yard Waste	NO SERVICE
Hauler #	Waste Pro

Property Value History



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

Detail by Entity Name

Florida Limited Liability Company
TRADE CONNECTION FLEX-SPACE, LLC

Filing Information

Document Number L13000067443
FEI/EIN Number 22-3946726
Date Filed 05/07/2013
Effective Date 11/08/2006
State FL
Status ACTIVE
Last Event CONVERSION
Event Date Filed 05/07/2013
Event Effective Date NONE

Principal Address

2564 CONNECTION POINT
OVIEDO, FL 32765

Changed: 04/29/2022

Mailing Address

P O BOX 195788
WINTER SPRINGS, FL 32719-5788

Registered Agent Name & Address

CATHCART, JOHN
1056 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Address Changed: 04/29/2022

Authorized Person(s) Detail

Name & Address

Title MGRM

CATHCART, JOHN
2564 CONNECTION POINT
OVIEDO, FL 32765

Annual Reports

Report Year	Filed Date
2023	03/15/2023
2024	03/14/2024
2025	05/06/2025

Document Images

05/06/2025 -- ANNUAL REPORT	View image in PDF format
03/14/2024 -- ANNUAL REPORT	View image in PDF format
03/15/2023 -- ANNUAL REPORT	View image in PDF format
04/29/2022 -- ANNUAL REPORT	View image in PDF format
04/22/2021 -- ANNUAL REPORT	View image in PDF format
08/18/2020 -- ANNUAL REPORT	View image in PDF format
04/29/2019 -- ANNUAL REPORT	View image in PDF format
04/29/2018 -- ANNUAL REPORT	View image in PDF format
04/28/2017 -- ANNUAL REPORT	View image in PDF format
04/14/2016 -- ANNUAL REPORT	View image in PDF format
04/28/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
05/07/2013 -- Florida Limited Liability	View image in PDF format

**Seminole County Government
Development Services Department
Planning and Development Division
Credit Card Payment Receipt**

If you have questions about your application or payment, please email us eplandesk@seminolecountyfl.gov or call us at: (407) 665-7371.

Receipt Details

Date: 12/8/2025 4:02:13 PM
Project: 25-06000057
Credit Card Number: 42*****3505
Authorization Number: 09676G
Transaction Number: 081225O13-A53B487C-9816-4EEB-B904-E95BFCFE18BF
Total Fees Paid: 3837.60

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	66.10
SITE PLAN	3771.50
Total Amount	3837.60