

NAME OF BID: Custodial Maintenance Services for the Irving Arts Center

CITY OF IRVING EMPLOYEE OR REPRESENTATIVE NAME

- 1) Marsha Hughes
- 2) Chris Bailey
- 3) _____
- 4) _____
- 5) _____

VENDOR NAME Southern Shine PLS
 Co. Name Trena Knight
 (Mailing Address) 3828 CR 1428
 City/St. Brownsboro Zip 75756
 Phone (903) 852 6900
 Fax () _____
 E-mail _____

VENDOR NAME AZTEC FACILITY SERVICES
 Co. Name _____
 (Mailing Address) 3137 IRVING BLVD
 City/St. DALLAS, TX Zip 75047
 Phone (214) 929-1413
 Fax (214) 751-3411
 E-mail bmakowski@aztec1.com

VENDOR NAME Myata - a Michael Allmor
 Co. Name Myata
 (Mailing Address) 8753 Southwestern Blvd. 2118
 City/St. Dallas Zip 75206
 Phone (972) 821-3334
 Fax (214) 368-3928
 E-mail Myataclean@yahoo.com

VENDOR NAME Entrust One Facility Services
 Co. Name Kelly Smith Jennifer Nelson
 (Mailing Address) 11142 Shady trail
 City/St. Dallas TX Zip 75229
 Phone (972) 669 8485
 Fax (972) 907 8236
 E-mail kelly@entrust1.com / jnelson@entrust1.com

VENDOR NAME _____
 Co. Name _____
 (Mailing Address) _____
 City/St. _____ Zip _____
 Phone () _____
 Fax () _____
 E-mail _____

VENDOR NAME The Maid Man Janitorial Svc.
 Co. Name Gerald Washington
 (Mailing Address) 5905 Calloway Dr.
 City/St. McKinney, TX Zip 75070
 Phone (214) 235-9940
 Fax () _____
 E-mail themaidm@hotmail.com

VENDOR NAME _____
 Co. Name _____
 (Mailing Address) _____
 City/St. _____ Zip _____
 Phone () _____
 Fax () _____
 E-mail _____

PRE-BID CONFERENCE

Bid #: 002M-10F

DATE: Sept. 29, 2009

NAME OF BID: Custodial Maintenance Services for the Irving Arts Center

CITY OF IRVING EMPLOYEE OR REPRESENTATIVE NAME

1) Marsha Hughes

2) Chris Bailey

3) _____

4) _____

5) _____

VENDOR NAME Total Building Maint, Inc

Co. Name JAMES FORD

(Mailing Address) 2626 Lombardy Ln #101

City/St. Dallas TX **Zip** 75229

Phone (214) 350-8293 x305

Fax (214) 350 8255

E-mail Jford@totalbuildingmaintenance.com

VENDOR NAME Sam Son

Co. Name Unicare Building Maintenance

(Mailing Address) 2700 Henley Ct Flower Mound TX 75028

City/St. Flower Mound **Zip** 75028

Phone (214) 960 9565

Fax (469) 293-6273

E-mail SSON.UNICARE@TX.RR.COM

VENDOR NAME Commercial Building Maintenance

Co. Name Jody Norton

(Mailing Address) 5511 Redfield

City/St. Dallas, Tx **Zip** 75235

Phone (903) 647-0682

Fax (214) 637-1414

E-mail Jody@cbmjanitors.com

VENDOR NAME Joan Lee

Co. Name Oriental Building Services Inc

(Mailing Address) 2640 Northaven Rd Snt 105

City/St. Dallas TX **Zip** 75229

Phone (469) 522-0001

Fax (469) 522-0003

E-mail obsco@msn.com

VENDOR NAME _____

Co. Name _____

(Mailing Address) _____

City/St. _____ **Zip** _____

Phone () _____

Fax () _____

E-mail _____

VENDOR NAME ANI Facility Services, Inc.

Co. Name Roger Orillion

(Mailing Address) 625 Yume Court

City/St. Dallas TX **Zip** 75208

Phone (214) 741-3714

Fax (214) 741-3738

E-mail roger.orillion@anits.com

VENDOR NAME _____

Co. Name _____

(Mailing Address) _____

City/St. _____ **Zip** _____

Phone () _____

Fax () _____

E-mail _____

PRE-BID CONFERENCE

Bid #: 002M-10F

DATE: Sept. 29, 2009

NAME OF BID: Custodial Maintenance Services for the Irving Arts Center

CITY OF IRVING EMPLOYEE OR REPRESENTATIVE NAME

1) Marsha Hughes
2) Chris Bailey
3) _____
4) _____
5) _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME Medicare Direct
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME JOEL OR VIKKI
Co. Name THE CLEAN FREAKS
(Mailing 407 N. CEDAR RIDGE DR
(Address _____
City/St. DUNCANVILLE Zip 75116
Phone (972) 298-9191
Fax (972) 298-9196
E-mail INFO@THECLEANFREAKS.COM

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

NAME OF BID: Custodial Maintenance Services for the Irving Arts Center

CITY OF IRVING EMPLOYEE OR REPRESENTATIVE NAME

1) Marsha Hughes

2) Chris Bailey

3) _____

4) _____

5) _____

VENDOR NAME SPC Maint, Joe Tolbert

Co. Name SPC Maint INC

(Mailing Address) _____

City/St. Carrollton Zip _____

Phone (972) 824-2795

Fax () _____

E-mail eazytino@yahoo.com

VENDOR NAME Redlee / SCS

Co. Name Jamie Vaughan

(Mailing Address) 6505 Olympic Dr. Ste. A

City/St. Dallas Zip 75220

Phone (214) 475-4017

Fax () _____

E-mail jvaughan@redleescs.com

VENDOR NAME QCS Unlimited Inc

Co. Name _____

(Mailing Address) _____

City/St. Hurst Zip _____

Phone () _____

Fax (817) 284-3554

E-mail qcsinfo@qcscl.com

VENDOR NAME Redlee SCS

Co. Name Hanna Smith

(Mailing Address) 401 Summit Ave #401

City/St. Elworth Tx Zip 76002

Phone (817) 641-5545

Fax (214) 357-9435

E-mail hsmith@redleescs.com

VENDOR NAME _____

Co. Name _____

(Mailing Address) _____

City/St. _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

VENDOR NAME _____

Co. Name _____

(Mailing Address) _____

City/St. _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

VENDOR NAME _____

Co. Name _____

(Mailing Address) _____

City/St. _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

PRE-BID CONFERENCE

Bid #: 002M-10F

DATE: Sept. 29, 2009

NAME OF BID: Custodial Maintenance Services for the Irving Arts Center

CITY OF IRVING EMPLOYEE OR REPRESENTATIVE NAME

1) Marsha Hughes
2) Chris Bailey
3) _____
4) _____
5) _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME DCS Unlimited Inc.
Co. Name Tamara Knox
(Mailing _____
(Address 2659 Cravel Dr.
City/St. Ft Worth, TX Zip 76118
Phone (817) 284-5551
Fax (817) 284-5554
E-mail info@dcsclean.com

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME DAA BUILDING SERVICES.
Co. Name ANTONIO ESPINEL
(Mailing _____
(Address 2220 CORT ROAD, SUITE 400-319
City/St. PLANO, TX Zip 75075
Phone (972) 3475750
Fax (972) 3475763
E-mail antonio@dabuildingservices.com

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____

VENDOR NAME _____
Co. Name _____
(Mailing _____
(Address _____
City/St. _____ Zip _____
Phone () _____
Fax () _____
E-mail _____