

Fill in this information to identify the case:

Debtor United Site Services of Florida, LLC

United States Bankruptcy Court for the: _____ District of New Jersey
(State)Case number 25-23642

Modified Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filets must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Lee County Tax Collector		
	Name of the current creditor (the person or entity to be paid for this claim) _____		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Lee County Tax Collector Michele Nunes PO Box 850 Fort Myers, FL 33902, United States	Contact phone <u>239-533-6424</u> Contact email <u>MicheleN@leetc.com</u>	
		Uniform claim identifier (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>BB00881430</u>	
7. How much is the claim?	\$ <u>9706.74</u>	Does this amount include interest or other charges?
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.	
	<u>2025 Tangible Property Tax</u>	
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>2025 Tangible Property Tax</u>	
	 Basis for perfection: <u>FSS 197.122 and 192.053</u> Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
	 Value of property: \$ _____	
	Amount of the claim that is secured: \$ <u>9706.74</u>	
	Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)	
	 Amount necessary to cure any default as of the date of the petition: \$ _____	
	 Annual Interest Rate (when case was filed) <u>18</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check all that apply:</i></p>	<p>Amount entitled to priority</p>
	<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p>	\$ _____
	<p><input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</p>	\$ _____
	<p><input type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</p>	\$ _____
	<p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p>	\$ _____
	<p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p>	\$ _____
	<p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.</p>	\$ _____

Part 3: Sign Below

**The person completing
this proof of claim must
sign and date it.
EBRP 2011(b)**

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/04/2026
MM / DD / YYYY

/s/Michele Nunes

Signature

Print the name of the person who is completing and signing this claim:

Name Michele Nunes
First name Michele Middle name Last name Nunes

Title Legal Administrative Generalist

Company Lee County Tax Collector

A. L. Lutz

Contact phone Email



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7164 | International (424) 236-7220

Debtor: 25-23642 - United Site Services of Florida, LLC		
District: District of New Jersey, Trenton Division		
Creditor: Lee County Tax Collector Michele Nunes PO Box 850 Fort Myers, FL, 33902 United States Phone: 239-533-6424 Phone 2: Fax: Email: MicheleN@leetc.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Authorized agent	
	Amends Claim: No	
	Acquired Claim: No	
	Basis of Claim: 2025 Tangible Property Tax	Last 4 Digits: Yes - BB00881430
Total Amount of Claim: 9706.74	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 9706.74	Nature of Secured Amount: Other Describe: 2025 Tangible Property Tax	
Amount of 503(b)(9): No	Value of Property:	
Based on Lease: No	Annual Interest Rate: 18%, Fixed	
Subject to Right of Setoff: No	Arrearage Amount: Basis for Perfection: FSS 197.122 and 192.053	
	Amount Unsecured:	
Submitted By: Michele Nunes on 04-Feb-2026 8:19:09 a.m. Pacific Time		
Title: Legal Administrative Generalist		
Company: Lee County Tax Collector		

Fill in this information to identify the case:

Debtor 1

UNITED SITE SERVICES OF FLORIDA INC, ATTN TAX DEPARTMENT

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey (Trenton)

Case number 25-23630-MBK

Official Form 410

Proof of Claim

04/19

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	LEE COUNTY TAX COLLECTOR Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Lee County Tax Collector PO Box 850 Fort Myers, FL 33902-0850	Where should payments to the creditor be sent? (if different) Lee County Tax Collector PO Box 850 Fort Myers, FL 33902-0850	Contact phone (239) 533-6424 Contact email MicheleN@leetc.com
		Where should payments to the creditor be sent? (if different) Lee County Tax Collector PO Box 850 Fort Myers, FL 33902-0850	Contact phone (239) 533-6424 Contact email MicheleN@leetc.com
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	Filed on	MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: BB 00 8814 30

7. How much is the claim? \$ 9,706.74. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.

2025 Tangible Property Tax
 + 18% per year

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: 2025 Tangible Property Tax

Basis for perfection: FSS 197.122(1) and 192.053

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ 9,706.74

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) 18 %

Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. **Amount necessary to cure any default as of the date of the petition.** \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/06/2026
MM / DD / YYYY

/s/ Michele Nunes

Signature

Print the name of the person who is completing and signing this claim:

Name	Michele Nunes		
	First name	Middle name	Last name
Title	Legal Administrative Generalist		
Company	LEE COUNTY TAX COLLECTOR		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	Attn: Legal Services Department, P.O. Box 850		
	Number	Street	
	Fort Myers		FL 33902
	City	State	ZIP Code
Contact phone	(239) 533-6424		Email <u>MicheleN@leetc.com</u>

Noelle Branning

LEE COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

2025 Tangible Tangible

TAX ACCOUNT NUMBER	ESCROW CD	MILLAGE CODE
BB 00 8814 30		071

UNITED SITE SVC OF FL INC
TAX DEPT
118 FLANDERS RD STE 1000
WESTBOROUGH, MA 01581

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
LEE COUNTY GENERAL REVENUE	3.7623	756,397	25,000	731,397	2,751.73
PUBLIC SCHOOL - BY LOCAL BOARD	2.2480	756,397	25,000	731,397	1,644.18
PUBLIC SCHOOL - BY STATE LAW	3.0710	756,397	25,000	731,397	2,246.12
LEE COUNTY ALL HAZARDS - MSTU	0.0693	756,397	25,000	731,397	50.69
LEE COUNTY UNINCORPORATED - MSTL	0.8398	756,397	25,000	731,397	614.23
LEE COUNTY LIBRARY FUND	0.4218	756,397	25,000	731,397	308.50
SFL WATER MGMT-DISTRICT LEVY	0.0948	756,397	25,000	731,397	69.34
SFL WATER MGMT-EVERGLADE CONST	0.0327	756,397	25,000	731,397	23.92
SFL WATER MGMT-OKEECHOBEE LEVY	0.1026	756,397	25,000	731,397	75.04
LEE COUNTY HYACINTH CONTROL	0.0192	756,397	25,000	731,397	14.04
LEE COUNTY MOSQUITO CONTROL	0.2116	756,397	25,000	731,397	154.76
SAN CARLOS PARK FIRE DISTRICT	2.3590	756,397	25,000	731,397	1,725.37
WEST COAST INLAND NAVIGATION DIST	0.0394	756,397	25,000	731,397	28.82

TOTAL MILLAGE	13.2715	9706.74	AD VALOREM TAXES	\$9,706.74
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NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT

NON-AD VALOREM ASSESSMENTS	\$0.00
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ESTIMATED INCREASE	\$	0.00
TOTAL TAX DUE	\$	9706.74

SECURED CLAIM AMOUNT	\$	9706.74
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