

INVESTIGATIVE REP



				DKE: SCA-X							
	Gainesville	<u> </u>	of Complaint: March	14, 2023	Case Number: 2023-014590						
•	T: JOHN PAUL	MCCU	LLEN	COMPLAIN	NANT:						
2012 NV	V 4th STREET										
GAINES	VILLE, FL 32609	9									
PHONE:	352-215-5305				<u> </u>						
DL: M24	5-475-70-292-0	FL			\times						
DOB: 10	/06/1954				/						
Prefix	License Numb		Profession:								
CFC	UNLICENSED		PLUMBING CONT	DACTOD	Board:	Report Date:					
0.0	UNLICENSED		PLUIVIDING CONT	RACIOR	CILB	June 15, 2023					
Period o	l of Investigation:				Tonos of Donos						
), 2023 – June 1				Final	pe of Report:					
		<u>0, 2020</u>			rmar	***************************************					
Alleged violations: F.S. 489.127(1)(f): Engage in the business or act in the capacity of a contractor or advertise himself or											
herself or a business organization as available to engage in the business or act in the capacity of a											
contractor without being duly registered or certified.											
Synopsis:											
This investigation is predicated upon a complaint received by the DBPR. On 01/09/2023. COMPLAINANT,											
contracted with the SUBJECT JOHN PAUL MCCULLEN DBA RENOVATIONS BY											
MCCULI	EN, LLC for a k	itchen r	enovation. On or abo	out 12/23/22,	Complainant w	as referred to Subject DBA					
Renovati	ions by McCuller	n by Lo	we's for kitchen renc	vations at							
with sco	pe including soff	its, elec	strical, and plumbing	for \$7,060.	Proof of Payme	nt shows \$6,560 paid. Job					
was aba	ndoned and kitc	hen wa	s left damaged. The	project inclu	udes multiple re	gulated elements including					
plumbing	and electrical w	vork. A	search of DBPR reco	ords reflects	no license for th	ne subject or the business.					
(Ex. 1, P	gs.) (Ex. 4, Pgs	.)									
SIID IEC	T ELODAMO "	me nro	ided with a Natificat	iam laddau Ni	ation to Coope	and Desirt and Orange					
Documen	nts on 04/05/2023	vas prov	nded with a nothicat	ion Letter, N	otice to Cease a	and Desist, and Supporting					
Documen	165 011 04/00/2020). (EX.	z, ry.)								
VERSA	licensing record	s revea	I SUBJECT is not li	censed to n	erform Plumbing	Contractor Services. All					
licensing	records are atta	ched. (I	Ex. 3a. Pgs.)	oonood to p		g Contractor Cervices. Air					
			ou, · go.,			·					
A query	of the State of Fl	orida Di	vision of Corporation	ons revealed	1:						
						lity Company. Date filed on					
	09/28/2020. (Ex	c. 3b., I	Pgs.) SUBJECT, JO	HN MCCUL	LEN listed as F	Registered Agent and Title					
	MGR.	-									
SUBJEC	T was not know	n to he	represented by cou	neel during	the course of th	is investigation. As of the					
SUBJECT was not known to be represented by counsel during the course of this investigation. As of the date of this report, SUBJECT has not requested a copy of this investigation.											
Related Cases: 2023-018851 (Electrical) Prior case: None											
	ator/Date: June			· •	By/Date: 06/16	3/2023					
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110.	e Lew	,		Laris	sacrangle	_ 물을 로 냈던					
					saciangle	TACK N					
ł	lice Leis										
Investiga	tor			Larissa Vaughn Field Office Manager							
DISTRIBI	DISTRIBUTION: – HEADQUARTERS; ALACHUA COUNTY SAO 8 TH JUDICIAL CIRCUIT										
		westie in	TO THE TOTAL OCCUM		COLOINE OILOU	1.5					

DEFENDANT INFORMATION

Date: 06/26/2023

John Pau	l McCullen		W	М	52	08/12/1970	600				1				
Na	ame	*	Race	Sex	Age	D.O.B	Hgt	Wgt	Hair	Eyes	_	Complex			
										1					
Phys. Descript.: Marks – Scars – Defects – Hair Length – Mustache											Mode of Dress				
2012 Novel West 41 72 1 72 1 72 1 72 1 72 1 72 1 72 1 7											,				
Vehicle Type - Description - Tag 2012 North West 4th Street, Gainesville, FL 32609 Address												(352) 215-5305 Home Phone No.			
												AZOMO I NOMO 110,			
FL M245-475-70-292-0 D.L. State & Number Social Security No. Aliases / Maiden Name															
D.D. State & Iva	moer ₁	Socia	u Secuit	ty INO.	}	Allases /	waiden .	ivame	1	Occupation					
										(352) 215-5305					
Place of Birth Place of Employment: Name & Address									Business Phone						
							1								
	Par	ents Nam	e & Ade	dress				C	ther Ident	ification if Known					
COMPLAINANT	INFORM	IATION										,			
_															
***************************************	Name	<u> </u>					If not I	Queinaca	– Resident	A dduona					
	114111	C			I		II Họt I	Dusiness	– Kesidein	Audress					
TY TY		Name of Business / Bank Address Business / Bank Address													
Home Phone No. Name of Business / Bank							ess / Ban	Business / Bank Phone							
	_										·				
Amount of Che	ck		Bank R	eason f	or Retur	ning Check				Remarks					
EXTRADITION	AUTHOR	IZED?									,				
☐ YES ☐ Southeast☐ NO	t Region;	Nationwi	ide; □ C	Other											
Special Conditions:	□ No Cont	act with V	/ictim(s): 🗆 Do	Not Pos	sess any Wear	ons/Fire	arms: n	Do Not Po	ssess or C	onsum	e anv			
Alcohol or Illegal Di	rugs; 🗆 Othe	er		,, -					001.0010	55000 01 0	onoun,	o uny			
FOR USE BY JUI	DGE:														
Investigative Remarks: State Attorney Box															
Charges 1 CONTRACTI	NG WITH	OUT A L	ICENS	Е				Recom	mendation	1 }	Зу Со	ırt			
DK:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			~				**************************************							
Court No.:	rt No.: Date of Warrant:														
Agency:	Department of Business and Professional Regulation Date of Offense: 03/20/20 DOBPR23-14590 Affiant Officer: Alice Leis										210				
Agency Report #:											23				
										经制作	2023 JUN 27	Ω T			
										Z	27	入后			
										E SE	말	여쁜			
										与 题子	₩.	الربيبة الطبيبيين ا			