

**Company Name**

Synergy Disaster Recovery

**City**

Boulder

**State**

CO

**Contact Name (First and Last)**

Andre Duarte

**Email**

[aduart@synergy-dr.com](mailto:aduart@synergy-dr.com)

**Phone**

(195) 446-5808

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

Yes