

NOTICE OF COMMENCEMENT

PREPARE IN DUPLICATE.

Permit No. 1436400000 Tax Folio No. 07-4S-17-08107-039 (29660)
State of FL _____ County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: LOT 39 EDGEWOOD ESTATES S/D. 433-688. DIV CASE# 2000-07-DR 896-457-461 WD 1088-1788. WD 1093-1955

Address of property being improved: 333 SW EDGEWOOD LN LAKE CITY, FL 32025

General description of improvements: Size for Size window/door replacement

Owner SAULS RICHARD A or SAULS GLORIA LYNN
Address 333 SW EDGEWOOD LN LAKE CITY, FL 32025

Owner's interest in site of the improvement Owner

Fee Simple Titleholder (if other than owner) _____

Name _____
Address _____

Contractor NewSouth Window Solutions
Address 8590 Philips Hwy, Jacksonville, FL 32256

Phone No 904-717-5400 Fax No. 904-717-5411

Surety (if any) _____

Address _____ Amount of bond \$ _____

Phone No. _____ Fax No. _____

Name and address of any person making a loan for the construction of the improvements.

Name _____
Address _____
Phone No. _____ Fax No. _____

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name _____
Address _____
Phone No. _____ Fax No. _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____
Address _____
Phone No. _____ Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

THIS SPACE FOR RECORDER'S USE ONLY

Signed: Richard A. Sauls OWNER DATE 9.30.24
Before me this 30th day of September in the
County of Duval, State of Florida, has personally appeared
SAULS RICHARD A or SAULS GLORIA LYNN herein by
himself/herself and affirms that all statements and declarations herein
are true and accurate

Clayton K. Page
Notary Public at Large, State of Florida, County of Columbia
My commission expires _____
Personally Known _____ or
Produced identification _____

