Inst. Number: 202312011120 Book: 1492 Page: 1938 Page 1 of 1 Date: 6/13/2023 Time: 3:12 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
20-6S-17-09702-000	
THE UNDERSIGNED hereby gives notice that improveme	ents will be made to certain real property, and in accordance with Section 713.13
of the Florida Statutes, the following information is pro	vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	
a) Street (job) Address: 536 810 2. General description of improvements: 200 a	12 12 12000000
'	
3. Owner Information or Lessee information if the Lesse a) Name and address: Have de Wil	re contracted for the improvements: ni Hen 536 SWJ in Ward St. Ft. WWH, FC 32038
 b) Name and address of fee simple titleholder 	r (if other than owner)
c) Interest in property() しらいむん 4. Contractor Information	
a) Name and address: Peter A Cafa	ro III P.O. Box 621497 Oviedo, FL 32762
b) Telephone No.:(407)_572-1322_	
5. Surety Information (if applicable, a copy of the paym a) Name and address:	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No	
	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes: a) Name and address:	
b) Telephone No.:	
 In addition to nimser or nerself, Owner designates the Section 713.13(I)(b), Florida Statutes: 	he following person to receive a copy of the Lienor's Notice as provided in
*** **	OF
b) Telephone No.:	
 Expiration date of Notice of Commencement (the exp is specified): 	piration date will be 1 year from the date of recording unless a different date
	NO POLIC ALLANDA AFTER THE FURIE AFTER A TOUR A TO
	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
FLORIDA STATUTES, AND CAN RESULT IN YO	UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY: A
NOTICE OF COMMENCEMENT MUST BE RECO	ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	ANCING CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
	1210
STATE OF FLORIDA COUNTY OF COLUMBIA 10	Harod VII KKILOU
Signature of Ow	mer or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
J.g	
_	Harold Whiten
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, a Florida Notary, this <u>13</u> day of <u>Juve</u> 20 <u>23</u> by:
Harold Whiten as over	ner for Harold Whiten.
(Name of Person) (Type of Aut	
Personally Known OR Produced dentification	X Type Drivers License
	/
Notary Signature	Notary Stamp or Seal: SETH E. CARTER
/ -	MY COMMISSION #GG939622 EXPIRES: DEC 12, 2023
	Bonded through 1st State Insurance