Inst. Number: 202312007615 Book: 1489 Page: 1141 Page 1 of 1 Date: 5/1/2023 Time: 3:02 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:                                                                                                                                                                                         |                                                                                                                          |
| 14-3S-16-02124-104 (7051)                                                                                                                                                                                                 |                                                                                                                          |
| THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-                                                                                                           | ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.  |
|                                                                                                                                                                                                                           | ORE ROAD S/D. AGD 1132-1848, ASSIGN AGD 1132-1851, WD 1134-893 & WD 1246- 1432                                           |
| a) Street (job) Address: 1366 NW MOORE RD, LAKE 2. General description of improvements: Reroof                                                                                                                            | CITY                                                                                                                     |
| 3. Owner Information or Lessee information if the Lesse                                                                                                                                                                   | e contracted for the improvements:                                                                                       |
| <ul> <li>a) Name and address: RONALD REVELS or MARY L REV</li> <li>b) Name and address of fee simple titleholder</li> </ul>                                                                                               | r (if other than owner)                                                                                                  |
| c) Interest in property4. Contractor Information                                                                                                                                                                          |                                                                                                                          |
| a) Name and address: Richard Dorman                                                                                                                                                                                       | 6650 S Pine Ave Ocala FL 34480                                                                                           |
| b) Telephone No.: 352-581-7333  5. Surety Information (if applicable, a copy of the payments)                                                                                                                             | ent bond is attached):                                                                                                   |
| a) Name and address:                                                                                                                                                                                                      | <u>'</u>                                                                                                                 |
| 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.:                                                                                                                                                                                    |                                                                                                                          |
| Section 713.13(I)(b), Florida Statutes:  a) Name:  b) Telephone No.:  9. Expiration date of Notice of Commencement (the exp                                                                                               | piration date will be 1 year from the date of recording unless a different date                                          |
| is specified):                                                                                                                                                                                                            |                                                                                                                          |
| COMMENCEMENT ARE CONSIDERED IMPROI<br>FLORIDA STATUTES, AND CAN RESULT IN YOU<br>NOTICE OF COMMENCEMENT MUST BE RECO<br>INSPECTION. IF YOU INTEND TO OBTAIN FINA<br>COMMENCING WORK OR RECORDING YOUR<br>STATE OF FLORIDA | d en                                                                                                                     |
| COUNTY OF COLUMBIA 10. Signature of Ow                                                                                                                                                                                    | ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager                                         |
| . <del>-</del> F                                                                                                                                                                                                          | Printed Name and Signatory's Title/Office                                                                                |
| The foregoing instrument was acknowledged before me                                                                                                                                                                       | e, by means of physical presence or online notarization, a Florida Notary,                                               |
| this day of April 202                                                                                                                                                                                                     | 3. by: Mary Revels as homeowner (Name of Person) (Type of Authority)  who is personally known OR produced identification |
| for RILI2-592-48-771-9                                                                                                                                                                                                    | xecuted)                                                                                                                 |
|                                                                                                                                                                                                                           | Type ID Dr. Ver Lic                                                                                                      |
| Notary Signature Alfu har                                                                                                                                                                                                 | (Notary Stamp or Seal) TAMZEN SIERRA CHITTUM                                                                             |
|                                                                                                                                                                                                                           | Commission # HH 085154 Expires January 26, 2025 Bonded Thru Troy Fain Insurance 800-385-7019                             |