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53769

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

02-4S-16-02719-000

Clerk's Office Stamp

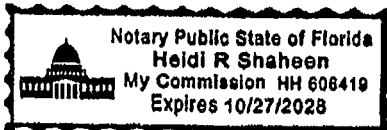
Inst: 202512018390 Date: 08/14/2025 Time: 9:06AM
Page 1 of 1 B: 1546 P: 2608, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC *W*
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): 02719-000 Woods Project, LLC commercial,
a) Street (job) Address: 149 Sw Woolsey Glen, Lake City, FL 32024
2. General description of improvements: Construction of container entertainment park
3. Owner information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Woods Projects, LLC, 149 SW Woolsey Glen, Lake City, FL 32024
b) Name and address of fee simple titleholder (if other than owner): _____
c) Interest in property 100%
4. Contractor Information
a) Name and address: Sparks Contractors, Inc, 184 N Marion Ave, Lake City, FL 32055
b) Telephone No.: 386-768-9314
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: Florida Surety Bonds, 620 N Wymore Rd, STE 200, Maitland, FL 32751
b) Amount of Bond: _____
c) Telephone No.: 407-766-7770
6. Lender
a) Name and address: Campus USA Credit Union, 14007 NW First Rd, Newberry, FL 32669
b) Phone No. 352-335-8090
7. Person within the State of Florida designated by Owner 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.: _____
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: _____ OF _____
b) Telephone No.: _____
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA



10. Michael Woods
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Mike Woods, owner
Printed Name and Signatory's Title/Office

The foregoing Instrument was acknowledged before me, a Florida Notary, this 13th day of August, 20 25, by:

Mike Woods as owner for Woods Project, LLC
(Name of Person) (Type of Authority) (name of party on behalf of whom Instrument was executed)

Personally Known X OR Produced Identification _____ Type _____

Notary Signature [Signature] Notary Stamp or Seal: