NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

Clerk's Office Stamp

Inst. 201312020273 Date 12/23/2013 Time 11.25 AM OC P DeWitt Cason, Columbia County Page 1 of 1 B 1267 P 384

TH 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) a) Street (job) Address 2 General description of improvements New 5hing Le Roof 3 Owner Information GARY FIEL 114 SW Petunia Place a) Name and address Rooping 6285.w. Blanton Ln. Lake Cit b) Name and address of fee simple titleholder (if other than owner) () Interest in property 4 Contractor Information a) Name and address b) Telephone No > Suraty Information a) Name and address b) Amount of Bond () Telephone No Fax No (Opt) 6 Lender a) Name and address b) Phone No 7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served a Name and address b) Telephone No Fax No (Opt) 8 In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 7 3 13(li(b) Florida Statutes a) Name and address b) Telephone No Fax No (Opt) 9 Expiration do e of Notice of Commencement (the expiration date is one year from the date of recording unless a different date 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 of Owner or Owner's Authorized Office/Director/Partner/Manager The foregoing instrument was acknowledged before me , a Florida Notary, this 20^{+} ____as Owner (type of authority, e.g. officer, trustee, attorney _____(name of party on behalf of whom instrument was executed). OR Produced Identification _____ Type ___ ANGELA COX MY COMMISSION # FF 033049 EXPIRES: August 3, 2017 Notary Signature Notary Stamp or Seal Bonded Thru Notary Public Underwriters

11 Verification pursuant to Section 92 525, Florida Statutes Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief

---AND---

Signature of Natural Person Signing (in line #10 above)