## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

12-45-16-02935-025

Clerk's Office Stamp

Inst: 202512007445 Date: 04/07/2025 Time: 1:26PM

Page 1 of 1 B: 1537 P: 796, James M Swisher Jr, Clerk of Court

Columbia, County, By: IT

Denuty 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)	150 SW (ESSNA CT, LAKE CITY FL 32025
2. General description of improvements:	ADD STORAGE BUILDING
a) Name and address:	on if the Lessee contracted for the improvements: S.C.BUDD NODW CESSNA CT LAKE CITY, FL 32025
[13] T. M.	ple titleholder (if other than owner)
c) Interest in property	
4: Contractor Information	BURN ISA COLORISM OF INVESTIVE EL 32025
a) Name and address: 5.C	978 433 595/ LAKECITY FL 32025
5. Surety Information (if applicable, a cop	473 453 573 /
	y of the payment bond is attached).
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
	NA
b) Phone No.	
7. Person within the State of Florida desig	gnated 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: S.C.	BUDD 1505W CESSNACT, LAKE CITY FL 32025 78 433 5951
b) Telephone No.: 9	78 433 5951
	r designates the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Stat	tutes:
	OF
b) Telephone No.:	
	MENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
FLORIDA STATUTES, AND CAN RE	SULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NOTICE OF COMMENCEMENT MU	JST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
	OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORD	DING YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	ABudd ScBude.
COUNTY OF COLUMBIA	10. Dudd Dudd.
	gnature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manage
	V
	Printed Name and Signatory's Title/Office
*	
The foregoing instrument was acknowledge	ged before me, by means of Kaphysical presence or online notarization, a Florida Notary
7 0001	0.5
his + day of + tylil	20 <u>25</u> , by: as
01-01-0-0	(Name of Person) (Type of Authority)
or Stephen bus	who is personally known OR produced identification
(name of party on behalf of whom inst	
0/2	1 Type ID S031315 M3.
/N/h	1
	OLGA M. ARMAS
Notary Signature	(Notary Stamp or Seal MY COMMISSION # HH 38/958 tel 12)
	EXPIRES: May 19, 2027
/ 1	I SAN SENT EN INCOME