

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

03-45-17-07570-007

Clerk's Office Stamp

Inst 201312016168 Date 10/23/2013 Time 9:33 AM
DC, P DeWitt Cason Columbia County Page 1 of 1 B 1263 P 1594

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) Lot 7 Suzanne S/O Unit 1
a) Street (job) Address 115 SE OPAL Way - Lake City, FL 32025
2. General description of improvements NEW ROOF
3. Owner Information
a) Name and address MONICA SPRINGS 115 S.E. OPAL WAY
b) Name and address of fee simple titleholder (if other than owner) Lake City FL
c) Interest in property _____
4. Contractor Information
a) Name and address George Construction LLC
b) Telephone No 386-883-2643 Fax No (Opt) 386 855 8550
5. Surety Information
a) Name and address _____
b) Amount of Bond _____
c) 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 713.13(b) Florida Statutes
a) Name and address _____
b) Telephone No _____ Fax No (Opt) _____
9. Expiration date of Notice of Commencement (the expiration date is one 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 1, 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. Monica Springs
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Monica Springs
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 22nd day of October, 2013, by

_____ as _____ (type of authority, e.g. officer, trustee, attorney

fact) for Monica Springs (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Margo B. Combs Notary Stamp or Seal.



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan 22, 2015
Commission No. EE 53959

---AND---

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

Monica Springs
Signature of Natural Person signing (In line #10 above)