Inst. Number: 202212009545 Book: 1466 Page: 2003 Page 1 of 1 Date: 5/13/2022 Time: 2:16 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:	
24-4S-16-03113-142 (15042)	
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.
1. Description of property (legal description): LOT 12 BLG	OCK C WISE ESTATE S/D. WD 1018-2245, WD 1056-2662, 1152-1635, WD 1364-2052 EDr. LAKE CITY
2. General description of improvements: Re Roof	
3. Owner Information or Lessee information if the Lesse a) Name and address: ERIC EVANS 427 SV b) Name and address of fee simple titleholder	v Wise DR r (if other than owner)
c) Interest in property  4. Contractor Information	
a) Name and address: b) Telephone No.:	
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
o) receptions to	
Section 713.13(I)(b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	
	piration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAI COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	Sacco
COUNTY OF COLUMBIA 10	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Ov	F C F C S
	rinted Name and Signatory's Title/Office
,	
The foregoing instrument was acknowledged before m	•
Eric Evans as homeou	thority) for (name of party on behalf of whom instrument was executed)
(Name of Person) (Type of Au	1-3
Personally Known OR Produced Identification	L Type [152-201-75-092-9
Notary Signature And	Notary Stamp or Seal:
	TAMZEN SIERRA CHITTUM Commission # HH 085154 Expires January 26, 2025 Bonded Thru Troy Fain Insurance 800-385-701