Inst. Number: 202212022932 Book: 1480 Page: 1265 Page 1 of 1 Date: 12/5/2022 Time: 9:10 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCE	EMENT		Clerk's Office Stamp	
Tax Parcel Identification Number:				
03-6\$-16-03766-102				
THE UNDERSIGNED hereby gives no of the Florida Statutes, the following	g information is provided i	n this <b>NOTICE OF COMN</b>	MENCEMENT.	ordance with Section 713.13
Description of property (legal des     a) Street (job) Address:	Z 10 344 White incr i	iciiace i oit minte, i t	. 32.030	
2. General description of improvement	ents: Install 20' x10' Cor	nposite Deck with 3'	x 5' Bump Out and	1 Set of Stairs
3. Owner Information or Lessee info a) Name and address: Mich b) Name and address of fe c) Interest in property Ov	e simple titleholder (if oth			hite, FL 32038
4. Contractor Information a) Name and address: b) Telephone No.: (407)		s Home Centers	P.O. Box 6214	97 Oviedo, FL 32762
5. Surety Information (if applicable,	a copy of the payment bo		· · · · · · · · · · · · · · · · · · ·	
a) Name and address: b) Amount of Bond: c) Telephone No.:				
6. Lender	- W W W			
a) Name and address:	designated by Owner upo	on whom notices or othe	er documents may be	served as provided by Section
a) Name and address: b) Telephone No.:				
8. In addition to himself or herself, Section 713.13(I)(b), Florid	da Statutes:	•		•
a) Name: b) Telephone No.:		OF	· · · · · · · · · · · · · · · · · · ·	
9. Expiration date of Notice of Comi			om the date of record	ing unless a different date
WARNING TO OWNER: ANY COMMENCEMENT ARE CONSTITUTES, AND CANOTICE OF COMMENCEMEN INSPECTION. IF YOU INTEND COMMENCING WORK OR RE	SIDERED IMPROPER P N RESULT IN YOUR P T MUST BE RECORDE TO OBTAIN FINANCII	PAYMENTS UNDER ( AYING TWICE FOR I ED AND POSTED ON NG, CONSULT YOUR	CHAPTER 713, PAI MPROVEMENTS 1 THE JOB SITE BEI LENDER OR AN /	RT I, SECTION 713.13, TO YOUR PROPERTY; A TORE THE FIRST
STATE OF FLORIDA	h			
COUNTY OF COLUMBIA	10 Signature of Owner or	Lessee, or Owner's or L	essee's Authorized O	fice/Director/Partner/Manager
	Owner			,
	Printed I	Name and Signatory's T	itle/Office	
The foregoing instrument was acknown	owledged before me, a Flo			20_22 by:
Michael Dick	as Owner	for_Mich	ael Dick	
(Name of Person)	(Type of Authority	(name o	of party on behalf of v	rhom instrument was executed)
Personally Known OR Produc	ed Identification X Ty	pe Drivers License		-
Notary Signature		Notary	Stamp or Seal:	SETH E. CARTER MY COMMISSION #G69396 EXPIRES: DEC 12, 2023