

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

30-45-18-10513-010

County Clerk's Office Stamp or Seal

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 12 B High Falls - unrecorded S/D
a) Street (job) Address 1137 SE High Falls Rd - Lake City, FL 32025
b) General description of improvements Adding Swimming Pool
2. Owner Information
a) Name and address Tilden Billiter
b) Name and address of fee simple titleholder (if other than owner) C
c) Interest in property 100%
3. Contractor Information
a) Name and address Susan L. FRAZE 346 NW Ivy Glen Lake City FL 32055
b) Telephone No 386-365-5078 Fax No (Opt) _____
4. Surety Information
a) Name and address _____
b) Amount of Bond _____
c) Telephone No _____ Fax No (Opt) _____
5. Lender
a) Name and address N/A
b) Phone No _____
6. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
a) Name and address Susan L. FRAZE
b) Telephone No 386-365-5078 Fax No (Opt) _____
7. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes
a) Name and address NONE
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 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

10. ☒

Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

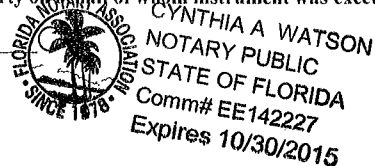
TILDEN BILLITER
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 23rd day of July, 2013, by Tilden Billiter as owner (type of authority, e.g. officer, trustee, attorney

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

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Cynthia A Watson Notary Stamp or Seal



--AND--

11. I verify it on 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

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