NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
00-00-00-00641 -022	
of the Florida Statutes, the following information is pro	
1. Description of property (legal description): LOT 22	UNIT 6 THREE RIVERS ESTATES. 431-101, 638-581, 712-126,712-127, QC A FE DRFORT WHITE, FL 32038
2. General description of improvements:Replacing Wi	ndows and/or doors size for size
Gwner Information or Lessee information if the Lesse     A) Name and address: MATTHEWS THOMAS     b) Name and address of fee simple titleholder	e contracted for the improvements:  8 SHIRLEY 18 OLE SN San ta Fe Dr 32038  (if other than owner)
c) Interest in property OWNEr	
a) Name and address: Renewal by Anderse	en of Florida 5112 E Adamo Dr Tampa 33619
5. Surety information (if applicable, a copy of the payme	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a) Name and address:	
b) Phone No. 7. Person within the State of Florida designated by Own	er upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
a) Name and address: b) Telephone No.:	
	a fall of a contract of the Paris I also the Art
<ol> <li>In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:</li> </ol>	e following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF 2000 100 100 100 100 100 100 100 100 10
b) Telephone No.:	**************************************
<ol> <li>Expiration date of Notice of Commencement (the expire is specified):</li> </ol>	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DROBED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA (	The man
COUNTY OF COLUMBIA 10 Signature of Ow	ner or Lessee, or Oviner's or Lessee's Authorized Office/Director/Partner/Manager
Pri	Thomas Matthews nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me  Thomas  (Name of Person)  (Type of Aut	for
Personally Known OR Produced Identification	Type FLDL
Notary Signature	Notary Stamp or Seal:  Jestine Whitaker NOTARY PUBLIC STATE OF FLORIDA
LM	Comm# GG967194 Expires 3/9/2024