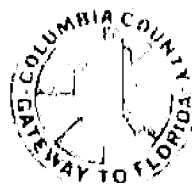


Inst. Number: 202512027934 Book: 1555 Page: 2706 Page 1 of 1 Date: 12/11/2025 Time: 8:36 AM
James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

Recording Stamp

TAX ID/PARCEL #:

NOTICE OF COMMENCEMENT



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 26 Happy Valley S/O 388-451, 45-130, 847-29
a. Street (job) Address: 308 SE Happy Valley Glen, High Springs, FL
2. General description of Improvements: Replace Windows
3. Owner Information or Lessee Information if the Lessee contracted for the improvements
a. Name and Address: DAVID L MILLER 308 SE Happy Valley Glen, High Springs, FL
b. Name and Address of fee simple titleholder (if other than owner): 32643
c. Interest in property: _____
4. Contractor Information
a. Name and Address: Whitfield Window and Door 17833 NW 24th St
b. Telephone #: 386-454-0295 High Springs 32643
5. Surety Information (if applicable, a copy of the payment bond is attached)
a. Name and Address: _____
b. Amount of Bond: _____
c. Telephone #: _____
6. Lender
a. Name and Address: _____
b. Telephone #: _____
7. Person within the State of Florida designated by Owner 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 #: _____
8. In addition to himself or herself, 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: LISA MILLER
b. Telephone #: 352-281-2460
9. Expiration date of Notice of Commencement (the expiration date will be 1 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 SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COLUMBIA COUNTY

David Miller
Signature of Owner or Lessee, or Owner of Lessee's Authorized Officer or Authorized Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☒ online notarization 10 day of Dec 25 by David Miller as owner for replace windows

TYPE OF AUTHORITY: OFFICER, TRUSTEE, ATTORNEY IN FACT

NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

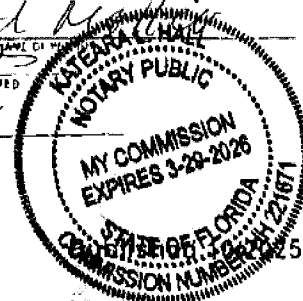
Personally Known

OR Produced Identification

Type of ID Produced

[Signature]
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

PRINT TYPE OR STAMP COMMISSIONER'S NAME OF NOTARY PUBLIC



Inst. Number: 202512027934 Book: 1556 Page: 2706 Page 1 of 1 Date: 12/11/2025 Time: 8:36 AM
James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

Recording Stamp



TAX ID/PARCEL #:

NOTICE OF COMMENCEMENT

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 26 Happy Valley S/O 388-451,445-130, 847-296
a. Street (job) Address: 308 SE Happy Valley Glen, High Springs, FL
2. General description of Improvements: Replace Windows
3. Owner Information or Lessee Information if the Lessee contracted for the improvements
a. Name and Address: DAVID J. MILLER 308 SE Happy Valley Glen, High Springs, FL
b. Name and Address of fee simple titleholder (if other than owner): 32643
c. Interest in property: _____
4. Contractor Information
a. Name and Address: Whitfield Window and Door 17833 NW 244th St
b. Telephone #: 386-454-0295 High Springs 32643
5. Surety Information (if applicable, a copy of the payment bond is attached)
a. Name and Address: _____
b. Amount of Bond: _____
c. Telephone #: _____
6. Lender
a. Name and Address: _____
b. Telephone #: _____
7. Person within the State of Florida designated by Owner 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 #: _____
8. In addition to himself or herself, 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: Lisa Miller
b. Telephone #: 352-281-2960
9. Expiration date of Notice of Commencement (the expiration date will be 1 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 SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COLUMBIA COUNTY

Daniel Miller
Signature of Owner or Lessee, or Owner's Authorized Officer, Director, Partner, or Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☐ online notarization _____ day of _____, _____, by _____, _____
DATE MONTH YEAR NAME OF PERSON
AS _____ for _____
TYPE OF AUTHORITY OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART OR HOLDER OF INSTRUMENT WAS RECORDED

Personally Known _____ OR Produced Identification: _____ Type of ID Produced: _____
SEAL/STAMP:

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

PRINT TYPE OR STAMP COMMISSION # NAME OF NOTARY PUBLIC

Published 10/2025

Please record NOC. The first one was recorded without being notarized. I
notarized and now need to have it re-recorded.

Thank you,

A handwritten signature in black ink, appearing to read "Kateara Hall Whitfield". The signature is fluid and cursive, with a large initial "K" and "H".

Kateara Hall Whitfield Window & Door