

Parcel 06-45-17-08015-256

NOTICE OF COMMENCEMENT

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address: 1080 SW Jamestown Gln Lake City, FL 32025
Legal Description: Lot 6 Block B Grandview Village
2. GENERAL DESCRIPTION IMPROVEMENT(S): reroof, shingle, singlefam

3. OWNER INFORMATION: Name: Ullman Mary Ann Trust Address: 1910 Champion Hills Dr Reno, NV 89523
Interest in Property: OWNER
Fee Simple Titleholder(if other than owner) Name: Address:

4. Contractor: Name: MAC JOHNSON ROOFING INC. Address: P.O. BOX 367 NEWBERRY, FL 32669 Phone: 352-472-4943

5. SURETY: Name: Address: Amount of bond \$: Phone:

6. Lender: Name: Address: Phone:

7. Persons 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:

Name: Address: Phone:

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

Name: Address: Phone:

9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified).

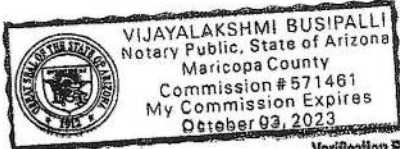
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE 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.

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

Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☒ physical presence ☐ online notarization, this 19th day of August, 2022 (year)

by MARY ANN ULMAN (name of person) as OWNER (type of authority, e.g. officer, trustee, attorney in fact) for ULMAN MARY ANN TRUST (name of party on behalf of whom instrument was executed).



Signature of Notary Public - State of Florida ARIZONA
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number 571461
Personally Known or Produced Identification

Verification 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 Above