Inst. Number: 202312023264 Book: 1504 Page: 1174 Page 1 of 1 Date: 12/12/2023 Time: 2:45 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
30-55-16-03742-000 (18560)	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): 30-3 a) Street (job) Address: 402 5W 2. General description of improvements:	55-16-03742-000 The fucknee Ave. Lake City 32024 Troof-over
3. Owner Information or Lessee information if the Lesse a) Name and address: 500 500 6 b) Name and address of fee simple titleholder c) Interest in property 0000 600	e controcted for the improvements: Lake City (if other than owner)
4. Contractor Information a) Name and address: Nicholos b) Telephone No.: 386-305-38 5. Surety Information (if applicable, a copy of the payment) a) Name and address:	
b) Amount of Bond: c) Telephone No.: 6. Lender a) Name and address:	
713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone No.: 8. In addition to himself or herself, Owner designates the Section 713.13(1)(b), Florida Statutes:	er upon whom notices or other documents may be served as provided by Section e following person to receive a copy of the Lienar's Notice as provided in
b) Telephone No.: 9. Expiration date of Notice of Commencement (the exp	OFOF
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Pri	Scot A Stock da / P nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, Scott Stockdoleas Owl (Name of Person) (Type of Auth Personally Known OR Produced Identification	nority) (name of party on behalf of whom instrument was executed)
Notary Signature	Notary Stamp or Seal: MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded Ihrough 1st State Insurance