NOTICE OF COMMENCEMENT	Clark's Office Stamp
Tax Parcel Identification Number:). Ing/201312005210 Date:4/8/2013 Time 12:52 PM
34-35-17174-000	DC P DeWift Cason Columbia County Page 1 of 1 B 1252 P:1356
34-33 11171200	
Florida Statutes the following information is provided in th	
1. Description of property (legal description): 34-3	S-17174-000 IF Club Ave. (ake City, Fe
2 General description of improvements: Ro MOOF	
3. Owner Information a) Name and address: Sandy Ki Sht b) Name and address of fee simple titleholder (if	On - 178 56 GOIF CILL AVE. Lake City, FL other than owner)
c) Interest in property	
4. Contractor Information a) Name and address: Don Reed Co	nstruction Inc 752-4072
b) Telephone No.: 22305EB 5. Surety Information LAKE CITY	nstruction, Inc. 152-4072 1940E Fax No. (Opt.) 755-7273
a) Name and address:	
	Fax No. (Opt.)
6. Lender a) Name and address:	
b) Phone No.	by owner upon whom notices or other documents may be served:
a) Name and address:	
b) Telephone No.!	
8. in addition to himself, owner designates the following per 713.13(i)(b), Florida Statutes: a) Name and address: b) Telephone No.:	son to receive a copy of the Lienor's Notice as provided in Section
b) Telephone No.:	Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration specified):	ion date is one year from the date of recording unless a different date
	VER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED
	ON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR ENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
inspection. If you intend to obtain financing, cons	ULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT.	\mathcal{M} \sim \sim \sim
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	SUU SUUV
· ·	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Printed Name
The foregoing instrument was acknowledged before me , a Floric	$C \cap C \cap A$
85	(type of authority, e.g. officer, trustee, attorney
act) for Saxau Right	(name of part on ognation and more many and and
ersonally Known OR Produced Identification Type	MEVERLY MED
iotary Signatura Sciency Rock	Notary Stamp or Seal:
	AND-S
 Verification pursuant to Section 92 525, Florida Statut the facts stated in it are true to the best of my knowle 	es. Under penalties of perjury, I declare that I have read the foregoing and that dge and belief.
	Signature of Natural Person Signing (in line #10 above.)