47

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Onst: 201312011328 Date: 7/26/2013 Time: 10:11 AM
26:53:15-00483:109	DC.P DeWitt Cason, Columbia County Page 1 of 1 B:1258 P 1953
THE UNDERSIGNED hereby gives notice that improvements Florida Statutes, the following information is provided in the	will be made to certain real property, and in accordance with Section 713.13 of the .
1. Description of property (legal description): AKA a) Street (jab) Address: July Surple Fo	Lot 9 Ich-tucknee Ricke (unice) Disy Road Ft While Ft 32038 mily residential above structure
3. Owner Information a) Name and address: Keuin + Sizo b) Name and address of fee simple titleholder (if c) Interest in property 4. Contractor information	other than owner) 3400 649 St NW Naples PL
a) Name and address:	9973 Fax No. (Opt.)
5. Surety Information	
a) Name and address: b) Amount of Bond:	
c) Telephone No.:	Fax No. (Opt.)
6. Lender a) Name and address:	1.00
b) Phone No.	
a) Name and address:	by owner upon whom notices or other documents may be served:
b) Telephone No.;	Fax No. (Opt.)
	Fax No. (Opt.)
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OW IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMP	NER AFTER THE EXPIRATION OF THE MOTICE OF COMMENCEMENT ARE CONSIDERED ION 713, 13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	21izabeth Richards Printed Name
The foregoing instrument was acknowledged before me , a Flor	ida Notary, this 6 day of July , 20 13, by:
Elizabeth Richards as	OWKA / (type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type Notary Signature & Luly 74 Sense	Notary Stamp or Seal: SHIRLEY M. BENNETT Notary Public - State of Florida My Comm. Expires Sep 10, 2016
11. Verification pursuant to Section 92.525, Florida Statu the facts stated in it are true to the best of my knowle	Commission # EE 833846 Bonded Through National Notary Assn. Ites. Under penalties of perjury, I declare that I have year the 10-cg and annual the edge and belief.
	Signature of Natural Person Signing (in line N10 above.)