

# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

R02186-003

Clerk's Office Stamp

Inst 201312013365 Date 8/29/2013 Time 11 08 AM  
DC P DeWitt Cason Columbia County Page 1 of 1 B 1260 P 1839

TH 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) \_\_\_\_\_  
a) Street (job) Address \_\_\_\_\_
- 2 General description of improvements \_\_\_\_\_
- 3 Owner Information  
a) Name and address Ursula Stuart, 510 NW Kaylee Gln, Lake City, FL 32055  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property \_\_\_\_\_
- 4 Contractor Information  
a) Name and address Robbie's Roofing 6288 W. BLANTON LN. L.C. FL. 32024  
b) Telephone No 386-755-5137 Fax No (Opt) \_\_\_\_\_
- 5 Surety Information  
a) Name and address \_\_\_\_\_  
b) Amount of Bond \_\_\_\_\_  
c) Telephone No Na Fax No (Opt) \_\_\_\_\_
- 6 Lender  
a) Name and address \_\_\_\_\_  
b) Phone No \_\_\_\_\_
- 7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served  
a) Name and address Na  
b) Telephone No \_\_\_\_\_ Fax No (Opt) \_\_\_\_\_
- 8 In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(b) Florida Statutes  
a) Name and address \_\_\_\_\_  
b) Telephone No \_\_\_\_\_ Fax No (Opt) \_\_\_\_\_
- 9 Expiration date of Notice of Commencement (the expiration date is one 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT**

STATE OF FLORIDA  
COUNTY OF COLUMBIA

10 Greg Stuart POA  
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

Greg Stuart  
Printed Name

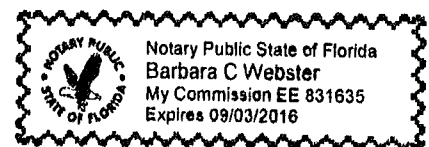
The foregoing instrument was acknowledged before me, a Florida Notary, this 28 day of August, 2013, by

Greg Stuart, as POA (type of authority, e.g. officer, trustee, attorney

fact) for Ursula Stuart (name of party on behalf of whom instrument was executed).

Personally Known X OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature Barbara C Webster Notary Stamp or Seal



---AND---

11. Verificat on 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

Greg Stuart  
Signature of Natural Person Signing (in line #10 above)