Inst. Number: 202312015292 Book: 1496 Page: 2526 Page 1 of 1 Date: 8/14/2023 Time: 12:06 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:	
34-3S-17-06980-003 (27168)	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): LOT 4 BLOG	SKA BELLAIRE S/D 742-1121 BPL. LAKE CITY
2. General description of improvements: RE-ROOF	TE. LANE OIL
3. Owner Information or Lessee Information if the Lessee a) Name and address: SCOTT CALVIN R SCOTT DEAN	NNA T 169 S E GREG STREET LAKE CITY, FL 32025
b) Name and address of fee simple titleholder c) Interest in property	(if other than owner)
4 Contractor Information	
a) Name and address: Richard Dorman/ Ri	oofing Pros USA II 6850 S Pine Ave Ocala FL 34480
5. Surety Information (if applicable, a copy of the payme	ent bond is attached):
a) Name and address:	
c) Telephone No.:	
6. Lender	
a) Name and address:	
	er upon whom notices or other documents may be served as provided by Section
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(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
• • • • • • • • • • • • • • • • • • • •	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expire is specified):	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IF PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A PROPERTY OF THE STANDARD OF
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Own	el co l'essee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
<u> </u>	2.2/V R Scatt homeowner  nted Name and Signatory's Title/Office
FILL	ice range and signatory 5 interonice
The foregoing instrument was acknowledged before me,	• /
Calvin Scott as numeon	wrey for .
(Name of Person) (Type of Auth	
Personally Known OR Produced Identification	Type S300-116-55-263-9
Notary Signature	Notary Stamp or Seal:
	TAMZEN SIERRA CHITTUM Commission # HH 085154
	Expires January 26, 2025  Bonded Thru Troy Fain Insurance 800-385-7019