Inst. Number: 202112011984 Book: 1439 Page: 2666 Page 1 of 1 Date: 6/15/2021 Time: 1:57 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:	
20-4\$-16-03079-022	
of the Florida Statutes, the following information is pro	
a) Street (job) Address: 215 SW PREST	
2. General description of improvements:REPLACE WIN	IDOWS AND/OR DOORS
3. Owner Information or Lessee information if the Lesse a) Name and address: <u>Jack Reynolds</u>	e contracted for the improvements: 215 SW PRESTIGE WAY LAKE CITY, FL 32024
b) Name and address of fee simple titleholder	r (if other than owner) <sup>N/A</sup>
c) Interest in property OWNER  4. Contractor Information Window World of	Ocala - Brian Wall
c) Interest in property OWNER  4. Contractor Information  a) Name and address:  b) Telephone No.: 904-443-7001	ĬĎŎŴ WŎŔĽĎ - !
5. Surety Information (if applicable, a copy of the paym	ent bond is attached);
a) Name and address: N/A	·
b) Amount of Band:	
c) Telephone No.: 6. Lender	
NI/A	
b) Phone No	
	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes: a) Name and address: N/A	
b) Telephone No.:	
	· · · · · · · · · · · · · · · · · · ·
	ne following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes: a) Name: N/A	OF
b) Telephone No.:	
	and the state of t
<ol> <li>Expiration date of Notice of Commencement (the explication): N/A</li> </ol>	piration date will be 1 year from the date of recording unless a different date
MADNING TO CHARGE AND DAMPAGATE BASE	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	0 - 0 - 14
COUNTY OF COLUMBIA 10	you Coupe C
Signature of Ow	rnel or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	The state of the s
Jack Reynolds OWNER	for
(Name of Person) (Type of Au	. , , , ,
Personally KnownOR Produced Identification _X	
	Physical Presence
Notary Signature	Notary Stamp or Seal: MY COMMISSION # GG 298331