

# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

34-45-17-08968-000

Clerk's Office Stamp

Inst: 202512016898 Date: 07/28/2025 Time: 4:19PM  
Page 1 of 1 B: 1545 P: 1521, James M Swisher Jr, Clerk of Court  
Columbia, County, By: VC *W*  
Deputy Clerk

THE 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): 30.10 - 82 60  
a) Street (job) Address: 421 SE Alfred Markham St., Lake City, FL 32025
2. General description of improvements: \_\_\_\_\_
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  
a) Name and address: Sharon Jones 421 SE Alfred Markham St., Lake City, FL 32025  
b) Name and address of fee simple titleholder (if other than owner): —  
c) Interest in property: —
4. Contractor Information  
a) Name and address: Owner Builder  
b) Telephone No.: \_\_\_\_\_
5. Surety Information (if applicable, a copy of the payment bond is attached):  
a) Name and address: NONE  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_
6. Lender  
a) Name and address: NONE  
b) Phone No.: \_\_\_\_\_
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:  
a) Name and address: Sharon Jones  
b) Telephone No.: 386-547-2553 5342
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:  
a) Name: NONE OF \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date will be 1 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 Sharon Jones  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

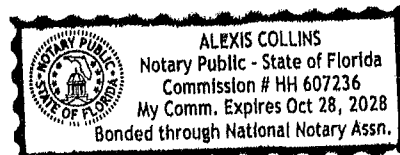
Sharon Jones  
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 18<sup>th</sup> day of July, 2025, by:  
Alexis Collins as Client Advisor for Sharon Jones  
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known \_\_\_\_\_ OR Produced Identification ☒ Type Florida Driver's License

Notary Signature Alexis Collins  
Alexis Collins

Notary Stamp or Seal:



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3. Owner information or Lessee information if the Lessee contracted for the improvements:  
a) Name and address: Sharon Jones 41 SE Alfred Markham St., Lake City, FL 32025  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property: \_\_\_\_\_
4. Contractor information  
a) Name and address: Owner Builder  
b) Telephone No.: \_\_\_\_\_
5. Surety information (if applicable, a copy of the payment bond is attached):  
a) Name and address: NONE  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_
6. Lender  
a) Name and address: NONE  
b) Phone No.: \_\_\_\_\_
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:  
a) Name and address: Sharon Jones  
b) Telephone No.: 386-547-2253
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lender's Notice as provided in Section 713.13(1)(b), Florida Statutes:  
a) Name: NONE OF \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

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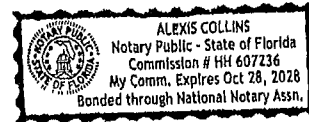
STATE OF FLORIDA  
COUNTY OF COLUMBIA

10. Sharon Jones  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager  
Sharon Jones  
Printed Name and Signatory's Title/Office

The foregoing Instrument was acknowledged before me, a Florida Notary, this 18th day of July, 2025, by:  
Alexis Collins as Client Advisor for Sharon Jones  
(Name of Person) (Type of Authority) (name of party on behalf of whom Instrument was executed)

Personally Known \_\_\_\_\_ OR Produced Identification ☒ Type Florida Driver's License

Notary Signature Alexis Collins Notary Stamp or Seal:  
Alexis Collins



STATE OF FLORIDA, COUNTY OF COLUMBIA  
HEREBY CERTIFY, that the above and foregoing  
is a true copy of the original filed in this office.  
JAMES M SWISHER JR, CLERK OF COURTS

By James M Swisher Jr  
Deputy Clerk  
Date 7/28/2025

