


This Instrument Prepared By:  
Campus USA Credit Union  
14007 NW 1st Road  
Jonesville, Florida 32669  
(352) 335-9090

After Recording Return To:  
CAMPUS USA CREDIT UNION  
14007 NW 1ST ROAD  
JONESVILLE, FLORIDA 32669

Inst: 202212002138 Date: 02/03/2022 Time: 9:13AM  
Page 1 of 4 B: 1458 P: 1131, James M Swisher Jr, Clerk of Court  
Columbia, County, By: VC   
Deputy Clerk

[Space Above This Line For Recording Data]

Permit No.: \_\_\_\_\_ Tax Folio No.: R09223-002

## NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF Columbia


The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

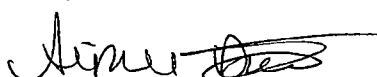
1. Description of Property: 404 SE FAMILY RD, LAKE CITY, FLORIDA 32025 Commence at the NW Corner of the SW 1/4 of the NW 1/4 of Section 13, Township 5 South, Range 17 East, Columbia County, Florida and run N.89 degrees 26'36" E, 1460.12 feet; thence S.00 degrees 55'43" W, 21.13 feet to a point on the South right-of-way line of SE Family Road and to the Point of Beginning; thence continue S.00 degrees 55'43" W, 688.29 feet; thence S.88 degrees 28'05" E, 313.51 feet; thence N.00 degrees 55'43" E, 704.10 feet to the to the aforementioned South Right-of-Way line of SE Family Road; thence S.88 degrees 38'34"W., along said South Right-of-Way line, 313.74 feet to the Point of Beginning. A.P.N.: R09223-002
2. General description of improvement: Single Family Residence
3. Owner information or Lessee information if the Lessee contracted for the improvement:
  - a. Name and address: BRIAN DICKS, AIMEE DICKS  
2282 W US HWY 90  
LAKE CITY, FLORIDA 32055

- b. Interest in property: \_\_\_\_\_
- c. Name and address of fee simple title holder (if other than Owner): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. a. Contractor (name and address): Plumb Level Construction Co, LLC.  
232 NW chapley Lane  
Lake City, Florida 32055
- b. Contractor's phone number: \_\_\_\_\_
5. Surety (if applicable, a copy of the payment bond is attached):
- a. Name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Phone Number: \_\_\_\_\_
- c. Amount of bond: \_\_\_\_\_
6. a. Lender: CAMPUS USA CREDIT UNION  
14007 NW 1ST ROAD  
JONESVILLE, FLORIDA 32669
- b. Lenders phone number: (352) 335-9090
7. Persons within the State of Florida designated by Owner upon whom notices or other document may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:
- a. Name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Phone numbers of designated persons: \_\_\_\_\_
8. a. In addition to himself, Owner designates \_\_\_\_\_  
of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statues.
- b. Phone number of person or entity designated by owner: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date is 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

 1/27/22  
Signature of Owner/Lessee    BRIAN    Date  
DICKS

 1/27/22  
Signature of Owner/Lessee    AIMEE    Date  
DICKS

State of FLORIDA )  
County of COLUMBIA )

Sworn to (or affirmed) and subscribed before me by means of:

☒ Physical Presence,

- OR -

☐ Online Notarization,

this 27th day of JANUARY, 2022, by  
*Date Month Year*

BRIAN DICKS AND AIMEE DICKS

*Name of Person Making Statement*



**MADISON M. WILLIAMS**  
Notary Public  
State of Florida  
Comm# HH213818  
Expires 1/5/2026

*M. Williams*  
*Signature of Notary Public - State of Florida*

*Name of Notary Typed, Printed or Stamped*

*(Place Notary Seal Stamp Above)*

☒ Personally Known  
☒ Produced Identification

Type of Identification Produced: DL