

## NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. \_\_\_\_\_ Tax Folio No. 22-45-16-03090-108  
State of FL County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: Lot 8 Blaine Estates Phase 1  
Orb 980-841

Address of property being improved: 125 SW Buchanan Dr, Lake  
City, FL 32024

General description of improvements: Roof Replacement

Owner Curtis E. & Cheryl R. Becker

Address 125 SW Buchanan Dr, Lake City, FL 32024

Owner's interest in site of the improvement \_\_\_\_\_

Fee Simple Titleholder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor Honest Abe Roofing

Address 8936 Western Way Ste 10 Jacksonville, FL 32256

Phone No. 904-341-7663 Fax No. \_\_\_\_\_

Surety (if any) \_\_\_\_\_

Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name and address of any person making a loan for the construction of the improvements.

Name Foundation Finance

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): \_\_\_\_\_

THIS SPACE FOR RECORDER'S USE ONLY

Signed: [Signature] OWNER DATE 2/8/22  
Before me this 8 day of Feb 2022 in the  
County of Duval, State of Florida, has personally appeared

himself; herself and affirms that all statements made herein by  
are true and accurate

[Signature]  
Notary Public at Large, State of \_\_\_\_\_ County of \_\_\_\_\_  
My commission expires: \_\_\_\_\_  
Personally Known \_\_\_\_\_  
Produced Identification \_\_\_\_\_



