Inst. Number: 201412001013 Book: 1268 Page: 1712 Date: 1/24/2014 Time: 11:02:05 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

#31618

	Mt 201412001013 Date 1/24/2014 Time 11 J2 AM DC,P DeWitt Cason,Columbia County Page 1 of 1 B 1268 P 1712	
NOTICE OF COMMENCEMENT		
Tax Parcel Identification Number 02-5S-16-03444-004	County Clerk's Office Stamp or Seal	
THE UNDERSIGNED hereby gives notice that improvements will be	e made to certain real property, and in accordance with Section 713-13 of the CE OF COMMENCEMENT	
1 Description of property (legal description) A) Street (job) Address 337 SW Rose Creek Dr. Lake City	CE OF COMMENCEMENT S OF RESECUENCY COMMENCEMENTS S OF RESECUENCY COMMENCEMENT COMMENTS OF THE COMMENTS OF TH	
2 General description of improvements <u>Construction of single family</u>		
b) Name and address of fee simple titleholder (if other than c) Interest in property <u>Qwoor</u>		
 4 Contractor Information a) Name and address Isaac Nickelson, 426 SW Commerce Dr. L 	ake City, FL 32025	PREPARED BY RETURN TO
b) Telephone No (386) 965-0985		KETOKN TO
5 Surety Information a) Name and address N/A	N/A	
b) Amount of Bond N/A	N/A	
c) Telephone No NA	Fax No (Opt) N/A	
6 Lender a) Name and address <u>N/A</u>		
 b) Phone No N/A 7 Identity of person within the State of Florida designated by owner upon the state of Florida designated by owner upo	unan whom nations or other documents may be served	
b) Telephone No <u>N/A</u>	Fax No (Opt) N/A	
Florida Statutes	ceive a copy of the Lienor's Notice as provided in Section 713 13(1)(b),	
a) Name and address <u>N/A</u> h) Telephone No N/A	Fax No (Opt.) <u>N/A</u>	
iso, individual in a second	(Opt.) Mrs.	
9 Expiration date of Notice of Commencement (the expiration date is specified)		
WARNING TO OWNER: ANY PAYMENTS MADE BY THE O COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR COMMENCEMENT MUST BE RECORDED AND POSTED OF		ND
STATE OF FLORIDA COUNTY OF COLUMBIA 10	Signature of Awner or Owner's Authorized Office/Director/Partner/Manager	
	Joel bucker	
	Print Name - d Occor has	
The foregoing instrument was acknowledged before me, a Florida Notary	y, this 3 day of NCCL 20 13 by	
Joel Becker as Self	(type of authority, e.g. officer, trustee, attorno	ry
fact) for	(name of party on behalf of whom instrument was ex-	12BA
Personally Known OR Produced Identification Type	SALLY E HUGGI	NS
Notary Signature Scill Hugg	Notary Public - State of My Comm Expires Au Notary Stamp or Seal Commission # EE	M (1) B
~ y · · · y ·	AND	
facts stated in it are true to the best of my knowledge and bel	ler penalties of perjury, I declare that thave read the foregoing and that the	è
SALLY E HUGGINS Notary Public - State of Florida My Comm. Expires Aug 3, 2015 Commission # EE 114779	Signatured Natural Person Signing (in line #10 above)	