Inst. Number: 202112016014 Book: 1444 Page: 1611 Page 1 of 1 Date: 8/10/2021 Time: 3:34 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:	
<u>30-35-17-65839-003 (25903)</u>	
of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 30 - 3 a) Street (jab) Address: 2 \ \(\frac{1}{2} \)	35-17-05839-003 (25903) een Ct. Lake City, Fl. 32055 1005-over
3. Owner Information or Lessee information if the Lesse a) Name and address: Stan Stess b) Name and address of fee simple titleholder c) Interest in property OWNEC	e contracted for the improvements: 215 NW OSteen Ct. Lake City, Fl. 32055 (if other than owner) N/A
4. Contractor Information a) Name and address: Nicholas Co. b) Telephone No.: 386-205-3865	rlucci 268 Se Press Ruth Dr. Lake City, Fil. 32025
5. Surety Information (if applicable, a capy of the payma) Name and address: b) Amount of Bond: c) Telephone No.:	ent bond is attached):
6. Lender a) Name and address: W/A b) Phone No.	
7. Person within the State of Florida designated by Owr 713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	re following person to receive a copy of the Lienor's Notice as provided in
,	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
 Pri	Wicholas Carlucci nted Name and Signatory's Title/Office
Nicholas Carlucci as Contra (Name of Person) (Type of Aut	hority) (name of party on behalf of whom instrument was executed)
Personally Known X OR Produced Identification Notary Signature David - Cadi	Type DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance