Inst. Number: 202212018046 Book: 1475 Page: 1396 Page 1 of 1 Date: 9/15/2022 Time: 3:45 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:	
34-6S-16-04056-101	
of the Florida Statutes, the following information is prov	
1. Description of property (legal description): LOTS 1 & 2 THORNWOOD S/D WD 1030-2804, WO 1056-2397, WD 1235-2769 a) Street (Job) Address: 123 GREENWOOD TERR, FORT WHITE, FL 32038	
2. General description of improvements:Rem	ove and replace windows and/or doors.
3. Owner Information or Lessee information if the Lesse a) Name and address: CASTO STEPHEN M	e contracted for the improvements: CASTO CAROL F 123 GREENWOOD TERR. FORT WHITE, FL 32038 (if other than owner)
4. Contractor Information	4720 ANAL 445 Ave Ocolo EL 24475
4. Contractor Information a) Name and address: West Shore Home	1/20 NAM ATU WAR OCSIS, LE 244/2
b) Telephone No.: (352) 306-5441 5. Surety Information (if applicable, a copy of the payments)	ant hand is attached):
Surety information (if applicable, a copy of the payment Name and address:	ent doing is attached).
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
h) Phone No.	
712 13/11/a17 Florida Statutes	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Carrier 710 10/11/61 Clarida Contrataco	e following person to receive a copy of the Lienor's Notice as provided in OF
9. Expiration date of Notice of Commencement (the exp is specified):	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE 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 DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	XXXX O Z
COUNTY OF COLUMBIA 16.	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partie/Manager
Pri	Stephen Casto - Dwner inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,	, a Florida Notary, this 15 day of September 20 00, by:
Stephen Castos	hority) for
(Name of Person) (Type of Aut	· :
Personally Known OR Produced Identification	Type TL DL
Notary Signature Kellsly Cliu	Notary Stamp or Seal: KELSEY L. CLARK Commission # HH 281931 Expires October 28, 2028