| NOTICE OF COMMENCEMENT | Clerk's Office Stamp |
|---|---|
| Tax Parcel Identification Number: | |
| 03-4S-16-02739-248 | |
| of the Florida Statutes, the following Information is pro | |
| 1. Description of property (legal description): a) Street (job) Address: 334 SW PHILLI | 48 TURKEY RUN S/D. WD 1004-1341, WD 1114-2179 PS CIR. LAKE CITY |
| 2. General description of improvements: RE-ROOI | |
| 3. Owner Information or Lessee information if the Lesse a) Name and address: KUBINA ROBER b) Name and address of fee simple titleholder | e contracted for the improvements: T G KUBINA DIANNE L 334 SW PHILLIPS CIR LAKE CITY, FL 32024 |
| c) Interest in property OWNER | The other than owner) 1777 |
| b) Telephone No.: <u>352-581-7333</u> | AN/ROOFING PROS USA II 6650 SOUTH PINE AVE OCALA, FL 34480 |
| Surety Information (if applicable, a copy of the paym Name and address: N/A | ent bond is attached): |
| b) Amount of Bond: N/A | |
| c) Telephone No.: N/A 6. Lender | |
| a) Name and address: N/A b) Phone No. N/A | |
| | ner upon whom notices or other documents may be served as provided by Section |
| b) Telephone No.: N/A | |
| 8. In addition to himself or herself, Owner designates to Section 713.13(I)(b), Florida Statutes: a) Name: N/A | ne following person to receive a copy of the Lienor's Notice as provided in OF N/A |
| b) Telephone No.: N/A | |
| 9. Expiration date of Notice of Commencement (the ex is specified): | piration date will be 1 year from the date of recording unless a different date |
| COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC | 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 ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IN NOTICE OF COMMENCEMENT. |
| STATE OF FLORIDA | notest 4 Lubia |
| COUNTY OF COLUMBIA 10 | vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager |
| , | Popert & Kupine |
| Pi | rinted Name and Signatory's Title/Office |
| 01 | e, a Florida Notary, this <u>21</u> day of <u>NOVE Mloev</u> , 20 <u>24</u> , by: |
| (Name of Person) (Type of Au | thority) for thority (name of party on behalf of whom instrument was executed) |
| Personally Known OR Produced Identification | |
| Notary Signature My Muth | Notary Stamp or Seal: |
| | TAMZEN SIERRA CHITTUM Commission # HH 085154 Expires January 26, 2025 Bacaded Thu Troy F ain Insurance 800-385-7019 |

