NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

03-45-17-07592.662

Clerk's Office Stamp

Inst: 202212003266 Date: 02/18/2022 Time: 11:56AM
Page 1 of 1 B: 1459 P: 2241, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

| THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes. the following information is provided in this NOTICE OF COMMENCEMENT. |
|---|
| 1. Description of property (legal description): 03-45-17-07591-662 LOTZ BULF VILLAGE a) Street (jab) Address: 136 5-F-7-7-815 WMY LAKE CITY FLA 3202 |
| 2. General description of improvements: RECOON |
| 3. Owner Information a) Name and address: THOMAS JANSEN 136 S.E. JB IS WHY LAKE CONFIELD b) Name and address of fee simple titleholder (if other than owner) c) Interest in property DWNEN 4. Contractor Information a) Name and address: POWEULD SONS POOF NO JWC |
| b) Telephone No.: 386-209-5198 Fax No. (Opt.) |
| a) Name and address: |
| b) Amount of Bond: |
| 6. Lender |
| a) Name and address: Worke |
| b) Phone No |
| a) Name and address: Wewk |
| b) Telephone No.: Fax No. (Opt.) |
| 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes: a) Name and address: b) Telephone No.: Fax No. (Opt.) |
| 9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA 10. Signature of Owner or Owner's Authorized Office/Director/Partner/Manager WALLACE W YOW FLUE Printed Name |
| The foregoing instrument was acknowledged before me, a Florida Notary, this |
| fact) for |
| thanke or party on behair or whom instrument was executed). |
| Personally Known OR Produced Identification Type |
| Notary Signature Notary Stamp or Seal: Notary Stamp or Seal: CHASITY NICOLE SHAW MY COMMISSION # GG 950476 EXPIRES: May 18, 2024 Bonded Thru Notary Public Underwriters |
| 11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and helief |

Signature of Natural Person Signing (in line #10 above.)