Inst. Number: 201212018128 Book: 1245 Page: 2642 Date: 12/7/2012 Time: 1:22:03 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	DC,P:DeWitt Cason,Columbia County Page 1 of 1 B:1245 P:2642
02-55-16-03437-000	The state of the s
THE UNDERSIGNED hereby gives notice that improvement Florida Statutes, the following information is provided in t	s will be made to certain real property, and in accordance with Section 713.13 of the his NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	r Ave Lakellity FL 32024
2. General description of improvements: Remodel	ing
a) Name and address: David Synith b) Name and address of fee simple titleholder (I c) Interest in property	1018 SW Walter Auc, Late City, FL 32024
A Contractor Information	295 NW Commons Los D. Swite (15-262, Lake City, FL 32055) Fex No. (Opt.) 386-754-7367
b) Telephone No.: 346-754-7367 5. Surety Information	Fax No. (Opt.) 386-754-7367
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	Fax No. (Opt.)
6. Lender	
a) Name and address:	
7. Identity of person within the State of Florida designated	by owner upon whom notices or other documents may be served:
a) Name and address: b) Telephone No.:	Eav No (Ont)
o) ratesticite real	rax no. (Opt.)
713.13(I)(b), Florida Statutes:	erson to receive a copy of the Lienor's Notice as provided in Section
a) Name and address: b) Telephone No.:	Fax No. (Opt.)
18 1al	ation date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	WHER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA	o. Jaiel J. Am 324 Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	DAVID L. Smith
The foregoing instrument was acknowledged before me , a Fig.	The state of the s
as	(type of authority, e.g. officer, trustee, attorney
fact) for David L. Smith	{name of party on behalf of whom instrument was executed}.
Personally Known X OR Produced Identification Type	De
Notery Signature Leves The Bay	Notary Stamp or Seal: Notary Stamp or Seal: Notary Public - State of Kensas My Appt. Expires January 28, 2015
11. Verification pursuant to Section 92.525, Florida Stat the facts stated in it are true to the best of my know	tutes. Under penalties of perjury, I declare that I have read the foregoing and that
	David & Smith
	Signature of Natural Person Signing (in line #10 above.)