

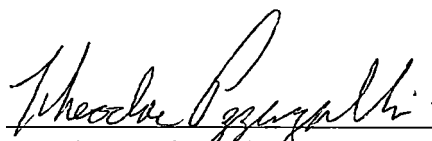


- b. Interest in property: \_\_\_\_\_
- c. Name and address of fee simple title holder (if other than Owner): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. a. Contractor (name and address): America's Home Place Inc  
2144 HILTON DRIVE  
GAINESVILLE, GEORGIA 30501
- b. Contractor's phone number: \_\_\_\_\_
5. Surety (if applicable, a copy of the payment bond is attached):
- a. Name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Phone Number: \_\_\_\_\_
- c. Amount of bond: \_\_\_\_\_
6. a. Lender: CAMPUS USA CREDIT UNION  
14007 NW 1ST ROAD  
JONESVILLE, FLORIDA 32669
- b. Lenders phone number: (352) 335-9090
7. Persons within the State of Florida designated by Owner upon whom notices or other document may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:
- a. Name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Phone numbers of designated persons: \_\_\_\_\_
8. a. In addition to himself, Owner designates \_\_\_\_\_  
of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
- b. Phone number of person or entity designated by owner: \_\_\_\_\_



9. Expiration date of notice of commencement (the expiration date is 1 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

  
Signature of Owner/Lessee Date 7/9/25

Theodore J. Pizzagalli

  
Signature of Owner/Lessee Date 7/9/25

Bobbie Pizzagalli



State of Florida )  
County of Columbia )

Sworn to (or affirmed) and subscribed before me by means of:

☒ Physical Presence,

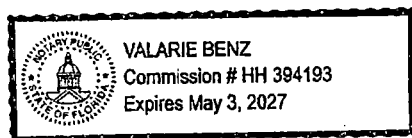
- OR -

☐ Online Notarization,

this 9th day of July, 2025, by  
*Date Month Year*

Theodore J. Pizzagalli AND Bobbie Pizzagalli

*Name of Person Making Statement*



Valarie Benz  
*Signature of Notary Public - State of Florida*

*Name of Notary Typed, Printed or Stamped*

*(Place Notary Seal Stamp Above)*

☐ Personally Known  
☒ Produced Identification

Type of Identification Produced: FL Drivers License

