## NOTICE OF COMMENCEMENT

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Tax Parcel Identification Number: 15.75.16.04226.147	Inst: 202012015663 Date: 09/29/2020 Time: 10:12AM Page 1 of 1 B: 1420 P: 633, James M Swisher Jr, Clerk of Court Columbia, County, By: BR Deputy Clerk	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ints will be made to certain real property, and in accordance with Section 713.13 rided in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description): a) Street (job) Address: 2. General description of improvements:	Scott Signal (t. FA. Write fr	3739
2. General description of improvements:	Residential build	
3. Owner Information or Lessee information if the Lessee     a) Name and address:     b) Name and address of fee simple titleholder     c) Interest in property	(if other than owner) 200 501 Stone Ct. Ft.	write,
4. Contractor Information	or an o	PL'
a) Name and address:	1+1- 1-375.0072	32038
b) Amount of Bond:		
c) Telephone No.:6 Lender		
a) Name and address: b) Phone No.		
	r upon whom notices or other documents may be served as provided by Section	
a) Name and address: b) Telephone No.:		
8. In addition to himself or herself, Owner designates the	following person to receive a copy of the Lienor's Notice as provided in	
a) Name: b) Telephone No.:	OF	
	ation date will be 1 years from the date of the state	
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORD	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF R PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DED AND POSTED ON THE JOB SITE BEFORE THE FIRST	
STATE OF FLORIDA		
COUNTY OF COLUMBIA		
Signature of Owner	ror Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager NATUIA Scott	
Printe	ed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me, a <u>Matolia Scott</u> as <u>Self</u> (Name of Person) (Type of Author	forNA	
Personally Known OR Produced Identification	Type_FLDL	
Notary Signature A Combe	Notary Stamp or Seal: MELISSA GARBER MY COMMISSION # GG 95223 EXPIRES: January 28, 2024	18
	Bonded Thru Notary Public Underwit	Kers

Clerk's Office Stamp