NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202412000166 Date: 01/04/2024 Time: 3:11PM
Page 1 of 1 B: 1505 P: 1795, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

Deputy Clerk

24-4S-16-03117-128	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
Description of property (legal description): LOT 28 CRC a) Street (job) Address: 328 SW CHESTERFIELD CR	OSSWINDS S/D PHASE 1
General description of improvements: STORAGE BUIL	DING/GARAGE
3. Owner Information or Lessee information if the Lesse a) Name and address: THOMAS FIELDS 695 SE 29TH	H DRIVE HOMESTEAD, FL. 33033
	(if other than owner)
Contractor Information a) Name and address: TRENT GIEBEIG 697 SE HOL	LLY TERRACE LAKE CITY, FL. 32025
b) Telephone No.:	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address: N/A b) Phone No.	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
	ne following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes: a) Name: N/A	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expire specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROPRIORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	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 DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IN NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Thomas & France
COUNTY OF COLUMBIA Signature of Ow	vner of Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
_	Thomas S. Fields
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, by means of physical presence or online notarization, a Florida Notary,
this 4th day of January , 20 Z	4) by: Thomas S. Fields as Owner (Type of Authority)
for Thomas S. Fields (name of party on behalf of whom instrument was e	who is personally known OR produced identification executed)
Notary Signature Elliene & Tol	ELAINE K. TOLAR MY COMMISSION # HH 149907 EXPIRES: October 2, 2025 Bonded Thru Notary Public Underwriters