NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:	ist 201312006118 Date 4/22/2013 Time:11:43 AM DC P DeWitt Cason, Columbia County Page 1 of 1 B 1253 P. 1064	
THE UNDERSIGNED hereby gives notice that improvements Florida Statutes, the following information is provided in the	s will be made to certain real property, and in accordance with Section 713.13 of the	
Description of property (legal description): Lot 32	-11.5-11 1 1 2/ 17/ 19	
a) Street (Job) Address: 209 5-W.		32038
2. General description of improvements:	Touse 1 1120 14	
3. Owner Information a) Name and address: Deceles M. S b) Name and address of fee simple titleholder (if c) Interest in property Opposition Oppo	other than owner) WA	
4. Contractor Information	16 95) Saratoga Dr	
a) Name and address: Place in Courts b) Telephone No :	Fax No. (Opt.)	
5. Surety Information		
a) Name and address: b) Amount of Bond:		
c) Telephone No.:	Fax No. (Opt.)	
6 Lender a) Name and address:		
b) Phone No.	MALE AND DESCRIPTION OF THE PROPERTY OF THE PR	
7. Identity of person within the State of Florida designated a) Name and address:	by owner upon whom notices or other documents may be served:	
b) Telephone No.:	Fax No. (Opt.)	
8. In addition to himself, owner designates the following pe 713.13(I)(b), Florida Statutes:	erson to receive a copy of the Lienor's Notice as provided in Section	
a) Name and address:	Mindred vir records and the second se	
b) Telephone No.:	Fax No. (Opt.)	
Expiration date of Notice of Commencement (the expiral is specified):	tion date is one year from the date of recording unless a different date	
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMI	THER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING	
	and and	
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	1/1/1/1/2	
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager	
	Printed Name / Dasser	
The foregoing instrument was acknowledged before me , a Flor	ida Notary, this 13 day of Mouch 2013 by:	
Douglas W. Sasser as	Seif Owker (type of authority, e.g. officer, trustee, attorney	
fact) for Douglas M. Sass-	(name of party on behalf of whom instrument was executed).	
Personally Known OR Produced Identification V Type	FLOL	
Notary Signature Saul	Notary Stamp or Seal: Notary Stamp or Seal: Notary Stamp or Seal: Notary Public, State of Florida Commissions EE 148739 My comm. expires Nov. 27, 2015	
	ites. 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 knowl	ledge and belief.	
	1/11/11/11/11	
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