47

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst 201212007989 Date:5/24/2012 Time:12:52 PM DC.P.DeWitt Cason,Columbia County Page 1 of 2 B:1235 P:1106

3200

THE UNDERSIGNED hereby gives notice that in	nprovements will be made to certain real property, an	d in accordance with Court Transaction
Description of property (legal description): a) Street (job) Address:	Jee Attached Sthis	SITA
2. General description of improvements:	See Attached Still 1443 West US 90 Lake Cra 1884 Nation of Portable	Classroom Bu: Hing
Name and address:	e M. Jardan 7443 West	US 90 lake Cty FC 32024
c) Interest in property		
4. Contractor Information a) Name and address: Willia	-1222 Fax No. (Opt.)	St /ota Clus 13 men
b) Telephone No.: 382-365 5. Surety Information	-/222 Fax No. (Opt.)	384-785-2873
a) Name and address: 11004		
b) Amount of Bond:	Fax No. (Opt.)	
6. Lender	Fax No. (Opt.)	
a) Name and address: None b) Phone No.		
7. Identity of person within the State of Florida	designated by owner was a large	
a) Name and address: Kober (Fax No. (Opt.)	Desots Circle Lake Chy F
 In addition to himself, owner designates the f 713.13(I)(b), Florida Statutes: 	following person to receive a copy of the Lienor's Notic	ce as provided in Section
a) Name and address:		
b) Telephone No.:	Fax No. (Opt.)	
IMPROVEMENTS TO YOUR PROPERTY; A NOTIC INSPECTION. IF YOU INTEND TO OBTAIN FINANCE	BY THE OWNER AFTER THE EXPIRATION OF THE NOTI ART I, SECTION 713.13, FLORIDA STATUTES, AND CAN E OF COMMENCEMENT MUST BE RECORDED AND PO CING, CONSULT YOUR LENDER OR AN ATTORNEY BEF	RESULT IN YOUR PAYING TWICE FOR
	V · . ~-	THE TOTAL PROPERTY OF RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA	6 Helle May	And
	Signature of Owner or Owner's Authorized	Office/Director/Partner/Manager
	Printed Name	rdan
he foregoing instrument was acknowledged before	me , a Florida Notary, this day of	24 20 12 by:
LINNIE + Jordon	as <u>owner</u> type	of authority, e.g. officer, trustee, attorney
ict) for	(name of party on	behalf of whom instrument was executed).
ersonally KnownOR Produced Identification	Type	SHERRY S. SAVITZ
01 0	Notary Stamp or Seal:	Commission DD 811382 Expires August 4, 2012 Bonded Thru Troy Fain Insurance 800-365-7019
1. Verification pursuant to Section 92 525 Flor	AND	
the facts stated in it are true to the best of r	rida Statutes. Under penalties of perjury, I declare t my knowledge and belief.	hat I have read the foregoing and that
	Dellie)	Indau/
	Signature of Natural Person S	igning (in line #10 above.)