

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____ Tax Folio No. 20-4S-16-03079-080 (14497)
State of FLORIDA County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: LOT 7 BLOCK 6 SHADY OAKS ACRES UNIT 2
ADDITION. ORB 406-306,

Address of property being improved: 122 SW Daytona Way
Lake City, FL 32024

General description of improvements: Window replacement

Owner Stanley Ellis
Address 122 SW Daytona Way Lake City, FL 32024

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor ECOVIEW WINDOWS & DOORS

Address 5105 PHILIPS HWY, STE 5, JACKSONVILLE, FL 32207

Phone No. (904)281-0067

Fax No. _____

Surety (if any) _____

Address _____

Amount of bond \$ _____

Phone No. _____

Fax No. _____

Name and address of any person making a loan for the construction of the improvements.

Name _____

Address _____

Phone No. _____

Fax No. _____

Name of person within the State of Florida, other than himself or herself, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____

Fax No. _____

In addition to himself or herself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____

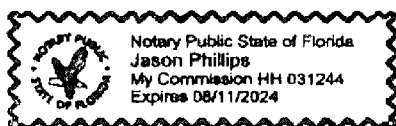
Address _____

Phone No. _____

Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

THIS SPACE FOR RECORDER'S USE ONLY



Stanley Ellis OWNER
Signed: _____ DATE 2/21/2022
Before me this 21st day of February in the
County of Duval, State of Florida, has appeared by means of
Stanley Ellis here by
himself/ herself and affirms that all statements and declarations herein
are true and accurate.

Notary Public at Large, State of _____ County of _____
My commission expires: _____
Personally Known _____ or
Produced Identification DL