Inst. Number: 201212007653 Book: 1234 Page: 2768 Date: 5/18/2012 Time: 10:49:18 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Dc.P.DeWitt Cason,Columbia County Page 1 of 1 B:1234 P:2768
33-35-17-06582-000	
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description): 33 -	35-17-06-82-000 DUVAL STREET
2. General description of improvements:	OF BUSY
3. Owner Information  a) Name and address: SHUFField A Betty SNASky  b) Name and address of fee simple titleholder (If other than owner)  c) Interest in property Owners	
A Contractor Information	1. 0 1 714
b) Telephone No:	USAN CORST TUC 144 Fax No. (Opt.) 386-852-3444
5. Surety Information	149 Fax No. (Opt.) 326 832 3794
a) Name and address:	
O) Amount of Bond:	
c) relephone No.:	Fax No. (Opt.)
o. Lenger	
a) Name and address:	
O) Phone No.	
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:	
h) Telephone No.	The second secon
(i) relephone No.:	Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(h). Florida Statutes:  a) Name and address:  b) Telephone No	
Name and address:	
b) Telephone No.:	Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	

STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Owner or gwner's Authorized Office/Director/Firtner/Manager

Betty N. Spradley

Printed Name

Self y Spracilly as Owner (type of authority, e.g. officer, trustee, attorney

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_ Type \_\_\_ FL DC

Notary Stamp or Sea

Notary Stamp or Seal:

LAURIE HODSON

MY COMMISSION # DD 805657

11. Verification pursuant to Section 92.525, Florida Statutes. 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 knowledge and belief.

Signature of Natural Person agning (in line #10 above)