Permit Number: Folio/Parcel ID #: 25-24-27-0000-00-020 Prepared by: William Flatt Planned Work Specialist Return to:		Orange County, FL	
		ill be made to certain real property, and in accordance on is provided in this Notice of Commencement.	
	n of property (legal description of the prope		
	ENA VISTA DR. Kissimmee FI 34747	erty, and street address in available)	
2. General de	escription of improvement replace existing power panels and disconnects for	or Gate operators in	
3. Owner info	ormation or Lessee information if the Les t Disney World		
	0000 Lake Beuna Vista Fl 32830		
Name and Name	d address of fee simple titleholder (if diffe	rent from Owner listed above)	
Address 4. Contractor			
	dox Electric Inc	Telephone Number (407) 934-8084	
	01 Garden Commerce Parkway, Winter Garden F	- 1 34787	
5. Surety (if a	applicable, a copy of the payment bond is at	ached)	
Address		Amount of Bond \$	
6. Lender		- Vallocatic of Botta	
		Telephone Number	
Address			
7. Persons v	vithin the State of Florida designated by 0 I as provided by §713.13(1)(a)7, Florida S	Owner upon whom notices or other documents may tatutes. Telephone Number(689) 256-8312	
	0000 Lake Beuna Vista Fl 32830		
8. In addition Notice as Name Dani	n to himself or herself, Owner designates provided in §713.13(1)(b), Florida Statute el Brads	s the following to receive a copy of the Lienor's es. Telephone Number (407) 376-0688	
	O Box 10000 Lake Buena Vista Fl 32830		
	n date of notice of commencement (the extifferent date is specified)	xpiration date will be 1 year from the date of recording	
CONSIDERED IN BULT IN YOUR PA GORDED AND POS	IPROPER PAYMENTS UNDER CHAPTER 713, PAR' YING TWICE FOR IMPROVEMENTS TO YOUR PROI STED ON THE JOB SITE BEFORE THE FIRST INSPE	THE EXPIRATION OF THE NOTICE OF COMMENCEMENT I, SECTION 713.13, FLORIDA STATUTES, AND CAN PERTY. A NOTICE OF COMMENCEMENT MUST BE ECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT K OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
ature of Owner or	Lessee, or Owner's or Lessee's Authorized Officer/Dire	ector/Partner/Manager Signatory's Title/Office	
Authori	rument was acknowledged before me this	ANN GERTRUDE HELMINK	
	e of Notary Public – State of Florida	Print Control Public State of Florida Print Control Public State of Florida Expires 2/5/2029	
Personally Kno Type of ID Pro		Physical presence Online notarization	