



20220304000090620  
03/04/2022 11:03:17 AM  
UCC1 1/2

UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

|                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294                                                                                                             |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com                                                                                                                 |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>2276 45220<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Alabama<br/>(Shelby)</div> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                                             |                                    |                                |                                     |                      |                |
|---------------------------------------------|------------------------------------|--------------------------------|-------------------------------------|----------------------|----------------|
| OR                                          | 1a. ORGANIZATION'S NAME            |                                |                                     |                      |                |
|                                             | 1b. INDIVIDUAL'S SURNAME<br>MORRIS | FIRST PERSONAL NAME<br>JOHNNIE | ADDITIONAL NAME(S)/INITIAL(S)<br>E. | SUFFIX               |                |
| 1c. MAILING ADDRESS 8014 ROCKHAMPTON CIRCLE |                                    | CITY<br>HELENA                 | STATE<br>AL                         | POSTAL CODE<br>35080 | COUNTRY<br>USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                     |                          |                     |                               |             |         |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |         |
|                     | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |         |
| 2c. MAILING ADDRESS |                          | CITY                | STATE                         | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                               |                                                                        |                     |                               |                      |                |
|-----------------------------------------------|------------------------------------------------------------------------|---------------------|-------------------------------|----------------------|----------------|
| OR                                            | 3a. ORGANIZATION'S NAME Service Experts Heating & Air Conditioning LLC |                     |                               |                      |                |
|                                               | 3b. INDIVIDUAL'S SURNAME                                               | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 3c. MAILING ADDRESS 2524 Commerce Square West |                                                                        | CITY<br>Irondale    | STATE<br>AL                   | POSTAL CODE<br>35210 | COUNTRY<br>USA |

4. COLLATERAL: This financing statement covers the following collateral:  
See Exhibit A

The Indebtedness Amount is \$11,289.00

|                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |  |                                                                                                                                                          |  |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |  | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |  |  |                                                                                                                                                          |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |  |  |                                                                                                                                                          |  |  |

2276 45220



**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

MORRIS

FIRST PERSONAL NAME

JOHNNIE

ADDITIONAL NAME(S)/INITIAL(S)

E.

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
03/04/2022 11:03:17 AM  
\$55.95 CHERRY  
20220304000090620

*Allen S. Bayl*

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

JOHNNIE E. MORRIS  
8014 ROCKHAMPTON CIRCLE  
HELENA, AL 35080

16. Description of real estate:

LOT 421-A, ACCORDING TO A RESURVEY OF LOT 421 OF WYNDHAM, ROCKHAMPTON SECTOR, AS RECORDED IN MAP BOOK 24 PAGE 25 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA

Parcel Number: 13 5 21 4 007 011.000

17. MISCELLANEOUS: