STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

14791

Important: Read Instructions on Back Before Filling out Form.

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:		G STATEMENT is presented to a Filing Of the Uniform Commercial Code.	ficer for	
Return copy or recorded original to	<u> </u>	THIS SPACE FOR USE.C Date, Time, Number & Fil			
AMSOUTH BANK PO BOX 1984 BIRMINGHAM, AL 35201			06283 TIFIED SF PROBATE		
Pre-paid Acct. # 2. Name and Address of Debtor JEFFREY LEA	(Last Name First if a Pe	erson)	7-2661	74997- 74 CER	
217 MEADOW LARK DR MONTEVALLO, AL 35115			# # # # # # # # # # # # # # # # # # #	02/28/ 0:03 (
Social Security/Tax ID #			Ä		
<u> </u>	(Last Name First if a Pe	erson)			
			104038325	9002	
Social Security/Tax ID # Additional debtors on attached UCC-E		SHELBY COUN	TY		
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) GENE'S MARINE SALES 3531 WETUMPKA HWY MONTGOMERY, AL 36117		AMSOUTH BA PO BOX 198	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) AMSOUTH BANK PO BOX 1984 BIRMINGHAM, AL 35201		
Social Security/Tax ID #					
Additional secured parties on attached UCC-E	0	30588			
5. This statement refers to original Financing S Filed withSHELBY CO	Materia bearing rite 140.	Date Filed	2/25/92		
Full property described in item 11 Assignment, whose name and address ap 9. Amendment Financing statement bearing	ns a security interest under the financing der the financing statement bearing file not or to all of the property listed on this file, pears in item 4. file number shown above is amended as offateral described in item 11 from the final financial described in item 11 from the final file.	statement bearing the file number sumber shown above to the is assigned to the assignee set forth in item 11. ancing statement bearing file	shown above.	A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered	
1- 1991 ASTRO TRAILER	A/N 46WBC16	53MA045313	1/	By This Filing:	
Check X if covered: Products of Collateral ar	re also covered.	<u> </u>	<u> </u>		
Signature(s) of Debtor(s)	- - - - - -	Signature(s) of S	Secured Party(ies)	25/4)	
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	•	Secured Party(ies)		
Type Name of Individual or Business			H BANK	ALAPAGA ASSA STATE	
	ING OFFICER COPY-ACKNOWLEDGEMENT LE COPY - SECURED	(5) FILE COPY DEBTOA(S)	STANDARD FORM — UNIFORM CON Approved by The Secret		