

**NOTE:** This is a two-part form. Send both parts to the Department of State for filing. If a copy of this form is needed prior to filing, make photocopies for your records.

**IMPORTANT: Read instructions on back before filling out form.**

## UNIFORM COMMERCIAL CODE

# STATE OF FLORIDA FINANCING STATEMENT

FORM UCC-1 (REV. 1993)

This Financing Statement is presented to a filing officer for filing pursuant to the Uniform Commercial Code:

1. Debtor (Last Name First if an Individual) STOREY, STEVE		1a. Date of Birth or FEI# 02-14-51	
1b. Mailing Address 6002 WOODVALE		1c. City, State HELENA AL	
		1d. Zip Code 35080	
2. Additional Debtor or Trade Name (Last Name First if an Individual)		2a. Date of Birth or FEI#	
2b. Mailing Address		2c. City, State	
		2d. Zip Code	
3. Secured Party (Last Name First if an Individual) BANK ONE, NA			
3a. Mailing Address 100 EAST BROAD ST		3b. City, State COLUMBUS OH	
		3c. Zip Code 43271	
4. Assignee of Secured Party (Last Name First if an Individual)			
4a. Mailing Address		4b. City, State	
		4c. Zip Code	
5. This Financing Statement covers the following types or items of property [Include description of real property on which located and owner of record when required. If more space is required, attach additional sheet(s)].  98 BAYLINER 2352 TROPHY 25'5" BYQA03FVE798 98 MERCUISER 5.7L 210 HP QK157478  96 MAGIC TILT TML2460 1MSAAVV2BV1094718  AS WELL AS ALL FIXTURES WHETHER NOW OR HEREAFTER ACQUIRED ALL DOCUMENTARY STAMP TAXES DUE AND PAYABLE PURSUANT TO SECTION 201, FLORIDA STATUTES, HAVE BEEN PAID  TAXABLE DEBT AMOUNT \$19,189.20			
6. Check only if Applicable: <input type="checkbox"/> Products of collateral are also covered. <input type="checkbox"/> Proceeds of collateral are also covered. <input type="checkbox"/> Debtor is transmitting utility.			
7. Check appropriate box: (One box must be marked) <input checked="" type="checkbox"/> All documentary stamp taxes due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid. <input type="checkbox"/> Florida Documentary Stamp Tax is not required.			
8. In accordance with s. 679.402(2), F.S., this statement is filed without the Debtor's signature to perfect a security interest in collateral: <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state or debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected. <input type="checkbox"/> as to which the filing has lapsed. Date filed _____ and previous UCC-1 file number _____ <input type="checkbox"/> acquired after a change of name, identity, or corporate structure of the debtor.		9. Number of additional sheets presented: _____  This Space for Use of Filing Officer	
10. Signature(s) of Debtor(s) 		Inst # 1997-39454  12/04/1997-39454 10:21 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 NCD 43.80	
11. Signature(s) of Secured Party or if Assigned, by Assignee(s)  RUBY SIMMONS COLLATERAL SPECIALIST			
12. Return Copy to:  Name BANK ONE, NA Address 100 EAST BROAD ST City, State, Zip COLUMBUS OH 43271			

Inst # 1997-39454

12/04/1997-39454  
10:21 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 NCD 43.80

Bankers Systems, Inc., St. Cloud, MN Form UCC-1-FL 1/14/94

**STANDARD FORM - FORM UCC-1**  
ORIGINAL COPY - F

Approved by Secretary of State, State of Florida

**ORIGINAL COPY - Filing Officer Copy**

**PINK COPY - Acknowledgment Copy**