NOTE: This is a two-part form. Send both parts to the Department of State for filling. If a copy of this form is needed prior to filling, 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)

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

·	Name First if an In	idividual)	· · ·		1a. Date of Birth		45.
STOREY, S		· · · · · · · · · · · · · · · · · · ·	1c. City, State			1d. Zip Code	33
lb. Mailing Addre 6002 WOC			HELENA A	L		35080	<u> </u>
		ne (Last Name First if an	Individual)		2a. Date of Birth	n or FEI#	661
2b. Mailing Addre	ess	·	2c. City, State		b ~	2d. Zip Code	*
Secured Part	ty (Last Name Firs	t if an Individual)					nst
Ba. Mailing Addre	_ +	 -	3b. City, State			3c. Zip Code	H
_	T BROAD ST		COLUMBUS	OH		43271	
I. Assignee of	Secured Party (La	st Name First if an Indivi					
4a. Mailing Addr	ress	· -	4b. City, State	ACCOMPANY OF A SPECIAL SECTION	e de la distribución de la companyo	4c. Zip Code	
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	STATUTES,	AMOUNT \$19,					
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