001-00024-05100-50811

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

Inst # 1997-39454

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 MERCRUISER 5.7L 210 HP 0K157478

96 MAGIC TILT TML2460 1M5AAVV28V1094718

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: ☐ Products of collateral are also covered. ☐ Proceeds of collateral are also covered. ☐ Debtor is transmitting utility.

7. Check appropriate box: (One box must be marked)
☒ All documentary stamp taxes due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.
☐ 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:
☐ already subject to a security interest in another jurisdiction when it was brought into this state or debtor's location changed to this state.
☐ which is proceeds of the original collateral described above in which a security interest was perfected.
☐ as to which the filing has lapsed. Date filed _____ and previous UCC-1 file number _____.
☐ 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)
✓

11. Signature(s) of Secured Party or if Assigned, ~~by Assignee~~(s)
Ruby Simmons
RUBY SIMMONS COLLATERAL SPECIALIST

Inst # 1997-39454

12. Return Copy to:
Name BANK ONE, NA
Address 100 EAST BROAD ST
Address
City, State, Zip COLUMBUS OH 43271

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

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

STANDARD FORM - FORM UCC-1

Approved by Secretary of State, State of Florida
ORIGINAL COPY - Filing Officer Copy **PINK COPY** - Acknowledgment Copy