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

09689

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
RNOKE, MR. 55303

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional	This FINANCING STATEMENT is present	ed lo a Filing Offi	Car for
Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	Comme	
EQUITY ONE INC 2000 POWERS FERRY RD., MARIETTA, GA 30067	STE 2-7	Date, Time, Number & Filing Office		49 1ED 1A
Pre-paid Acct. #				S E E
2. Name and Address of Debtor	(Last Name First if a Person)			
OWEN, CHARLES W. JR 590 MOUNTAIN VIEW DR WILSONVILLE, AL 35186			* 500	709/2003 20 AM CE 187 CERTY 386
Social Security/Tax ID # 2A. Name and Address of Debte.	- (1 pet Nama Siret if a December		S	70 F
OWEN, CHRISTINA M. 590 MOUNTAINVIEW DR. WILSONVILLE, AL 35186	(Last Name First if a Person)			
Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E		FILED WITH:		· · · · · · · · · · · · · · · · · · ·
3. NAME AND ADDRESS OF SECURED PARTY) (Last N	ame First if a Person)	4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PAR	TTY (IF ANY)	(Last Name First if a Persor
2000 POWERS FERRY RD., SMARIETTA, GA 30067 Social Security/Tax ID #	STE 2-7			
	4007 0050			
5. This statement refers to original Financing Statemen Filed withSHET_BY_CO	t bearing File No1997-2359	7/28/97		**
Full property described in item 11 or to all Assignment, whose name and address appears in in 9. Amendment Financing statement bearing file number 10. Partial Secured Party releases the collateral of Release number shown above.	nancing statement bearing file number sho of the property fisted on this file, is assigned	ty, bearing file number shown above, is still effective. I bearing the file number shown above.		
LEISURE ROOM ON HOME			Ba Ba Co	iter Code(s) From ick of Form That ist Describes The bilateral Covered This Filing:
				——————————————————————————————————————
Check X if covered: Products of Collateral are also cov	vered.	۸		
Signature(s) of Debtor(s)		EQUITY ONE INC	nder	0
Signature(s) of Debtor(s) (necessary only if item 9 is app	licable)	Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies)		· · · · · · · · · · · · · · · · · · ·
Type Name of Individual or Business				
FILING OFFICED CODY ALDIAN	ER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business		