UCC FINANCING STATEMENT AMENDME	ENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER (optional)	****- L	Inst #	2002-16372	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
		04/09/	2002-16372	
		09:34 A	M CERTIFIF	
The Peoples Bank and Trust Co.		SHELBY COUNTY JUDGE OF PROBATE.		
835 Main Street		ooi 100	KSB *UU	
Montevallo, Al. 35115				
		era. M. ——————————————————————————————————		• •
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA	CE IS FOR FILING OFFICE U	
2000-18745 Filed On: 0	6/06/00		1b. This FINANCING STATEM to be filed [for record] (or a	
2. 2 TERMINATION: Effectiveness of the Financing Statement identified about	<u> </u>	spect to security interest(s) of th	REAL ESTATE RECORDS. e Secured Party authorizing this T	ermination Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified a	• • • • • • • • • • • • • • • • • • • •			
continued for the additional period provided by applicable law.				
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee i	in item 7c; and also give name o	f assignor in item 9.	
	LJ	Party of record. Check only one	of these two boxes.	
Also check one of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the CHANGE name and/or address: Give current record name in item 6a or 6b.	· also give new	DELETE name: Give record name	ADD name: Complete ite	m 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION:		o be deleted in item 6a or 6b.	item 7c; also complete it	ems 7d-7g (if applicable
6a. ORGANIZATION'S NAME	<u></u>	·	<u> </u>	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
Lucas	Jeremy		R	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	······································			
70, ONGANIZATION S NAME				
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	<u></u> .	MIDDLE NAME	SUFFIX
	•			
7c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE POSTAL CODE	COUNTRY
			00000	
7d. TAX ID #: S\$N OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated col	llateral description, or des	cribe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD ALITHORIZING THIS A	MENITALENT ALLES			·
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS At adds collateral or adds the authorizing Debtor, or if this is a Termination authorized. 	zed by a Debtor, check h	assignor, if this is an Assignment ere and enter name of DEB	t). If this is an Amendment author TOR authorizing this Amendment	ized by a Debtor which t.
9a. ORGANIZATION'S NAME				
The Peoples Bank and Trust Co.	 `			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	· · · · · · · · · · · · · · · · · · ·	· ···	· · · · · · · · · · · · · · · · · · ·	ŧ