



20020814000384480 Pg 1/3 30.00
Shelby Cnty Judge of Probate, AL
08/14/2002 12:38:00 FILED/CERTIFIED

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

COLONIAL BANK
PO BOX 1887
BIRMINGHAM, AL 35201

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR KEYSTONE BUILDING CO INC

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

POB 69

CITY

PELHAM

STATE

POSTAL CODE

COUNTRY

AL

35124

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

CORPORATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR COLONIAL BANK

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

2501 20TH PLACE SOUTH

CITY

BIRMINGHAM

STATE

POSTAL CODE

COUNTRY

AL

35223

4. This FINANCING STATEMENT covers the following collateral:

LOT 16, ACCORDING TO THE FINAL PLAT LOT 16 CLAYTON'S
ADDITION TO OAK MOUNTAIN BUSINESS PARK, SECOND SECTOR, AS
RECORDED IN MAP BOOK 28, PAGE 63, IN THE PROBATE OFFICE OF
SHELBY COUNTY, ALABAMA

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON- UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

REQUEST FOR COPIES OR INFORMATION Presented in Triplicate

1. DEBTOR (Last Name First if a Person)

KEYSTONE BUILDING CO INC
POB 69
PELHAM, AL 35124

2. PARTY REQUESTING COPIES OR INFORMATION

COLONIAL BANK
2501 20TH PLACE SOUTH
BIRMINGHAM, AL 35223

For
Filing
Officer

Social Security / Tax ID #

Pre-paid Acct. #

3. ☒ Information Request ☒ Copy Request

Filing officer please furnish certificate showing whether there is on file as of

☐ The date of processing or ☒ Other

any presently effective.

Check one or more: ☒ UCC-1 Financing Statements, ☒ UCC-1F Farm Product Filings, ☒ Federal Tax Liens or
☒ State of Alabama Tax Liens naming the debtor indicated above. The undersigned requesting party agrees to
pay to the Filing Officer, upon receipt of the completed search, all fees as listed on the fee schedule on the
back of this form.

Signature of Requesting Party

FILE NO.	DATE AND HOUR OF FILING	NAME AND ADDRESS OF SECURED PARTY	CODE

CERTIFICATE: The undersigned filing officer hereby certifies that:

☐ The above listing is a record of all presently effective filings which name the above debtor, that were requested by the requesting party, and which are on file in my office as of

at

M.

☐ The attached _____ pages are true and exact copies of all available filings listed in the above request.

ADDITIONAL FEE DUE \$

Date

Rev. 10/90

Signature of Filing Officer
Approved by Secretary of State of Alabama

TO BE RETURNED WITH COPIES OR INFORMATION

REQUEST FOR COPIES OR INFORMATION Presented in Triplicate	
1. DEBTOR (Last Name First if a Person) KEYSTONE BUILDING CO INC POB 69 PELHAM, AL 35124	2. PARTY REQUESTING COPIES OR INFORMATION COLONIAL BANK 2501 20TH PLACE SOUTH BIRMINGHAM, AL 35223
Social Security / Tax ID # [REDACTED]	Pre-paid Acct. # _____
3. <input checked="" type="checkbox"/> Information Request <input checked="" type="checkbox"/> Copy Request Filing officer please furnish certificate showing whether there is on file as of <input type="checkbox"/> The date of processing or <input checked="" type="checkbox"/> Other _____ any presently effective. Check one or more: <input checked="" type="checkbox"/> UCC-1 Financing Statements, <input checked="" type="checkbox"/> UCC-1F Farm Product Filings, <input checked="" type="checkbox"/> Federal Tax Liens or <input checked="" type="checkbox"/> State of Alabama Tax Liens naming the debtor indicated above. The undersigned requesting party agrees to pay to the Filing Officer, upon receipt of the completed search, all fees as listed on the fee schedule on the back of this form.	
For Filing Officer 20020814000384480 Pg 3/3 30.00 Shelby Cnty Judge of Probate, AL 08/14/2002 12:38:00 FILED/CERTIFIED	

FILE NO.		DATE AND HOUR OF FILING	NAME AND ADDRESS OF SECURED PARTY	CODE

CERTIFICATE: The undersigned filing officer hereby certifies that:
☐ The above listing is a record of all presently effective filings which name the above debtor, that were requested by the requesting party, and which are on file in my office as of _____ at _____ M.
☐ The attached _____ pages are true and exact copies of all available filings listed in the above request.
ADDITIONAL FEE DUE \$ _____ Date _____

Rev. 10/90
Compliance Systems, Inc. 1999
ITEM 309ALL4 (9908) Page 4 of 4

REQUESTING PARTY COPY

Signature of Filing Officer
Approved by Secretary of State of Alabama
Compliance Systems, Inc.
800-968-8522 Fax 616-956-1868

ALL SEARCHES WILL BE MADE FOR THE EXACT NAME AS LISTED IN BLOCK #1. FARM SEARCHES WILL ALSO BE MADE FOR THE FEDERAL TAX I.D. NUMBER AND/OR SOCIAL SECURITY NUMBER EXACTLY AS LISTED.

INSTRUCTIONS FOR UCC-11 FORM

- Please type this form in black. Do not write in filing officer block.
- Place an "X" in the appropriate box to indicate the following items.
 - a request for UCC-1 financing statements, UCC-1F farm product filings and/or State of Alabama Tax Liens and/or Federal Tax Liens. Filing officer will send all filings in name listed in block #1 if no blocks are checked.
 - a request for information, copies or both. Filing officer will send list of filings only if no block is checked.
- The first 3 copies of the form must be sent to the filing officer. The fourth, yellow copy should be retained by the requesting party as a record showing that a request has been initiated. DO NOT DETACH FIRST THREE SHEETS FROM "STUB" OR REMOVE FIRST TWO COPIES.
- The filing officer will search in all names listed in block No.1. Unrelated debtors should be listed on a separate form. The \$5.00 per debtor name statutory fee should be submitted at the time of the request.
- If requesting only a list of filings (file number, date & hour of filings, and name & address of secured party) check the information box. The Secretary of State's officer will certify that this is a correct list of all presently effective filings in this debtors name on file in this office.
- If you wish to know the collateral covered by the filing, you must request copies thereof.
 - If you know the file number and want copies of specific filings, check the COPY REQUEST box and list the number of the filing.
 - If you do not know the file number and want copies of all filings check INFORMATION REQUEST box and COPY REQUEST box and a listing of all filings and copies thereof will be certified to you.
 - If you need a CERTIFIED COPY (a copy certified by the Secretary of State under the State Seal to be an exact copy of a filing on file in this office) check the COPY REQUEST BOX, list the file number, and type beside the file number "CERTIFIED COPY REQUEST." The charge for this certificate of \$ 5.00 in addition to the copy charge of \$1.00 per page.
- If the information request box does not indicate the period for which you are requesting filings, the Secretary of State's office will provide you information on all presently effective filings to the date this form is received.

FEE SCHEDULE

- \$5.00 - Each name set out in block #1 of the UCC-11
- \$1.00 - Each secured party or assignee listed on the UCC-11
- \$1.00 - Each page of each financing statement listed on the UCC-11
- \$2.00 - Each non-standard form submitted.