## NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

		\$	0030716000449000 Pg 1/1 .00 helby Cnty Judge of Probate 7/16/2003 08:40:00 FILED/C	₃,AL
UCC FINANCING STATEMENT AMENDM	IENT		// (6/2003 V6:40:00 FILED/OL	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]	<u> </u>			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
TA/agasco,				
20 South 20 5	The			
Bhan, Ala. 3:	52		CE IS FOR FILING OFFICE USE C	NLY
1a. INITIAL FINANCING STATEMENT FILE #			1b. This FINANCING STATEMENT A to be filed [for record] (or records	MENDMENT is
2. V TERMINATION: Effectiveness of the Financing Statement identified a	above is to	erminated with respect to security interest(s) of the	REAL ESTATE RECORDS.	
3. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law.				
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and add	dress of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate informations.			ne of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address).  6. CURRENT RECORD INFORMATION:	r 6b; also g	give new DELETE name: Give record nam	e ADD name: Complete item 7a complete item 7c; also complete items 7d	r 7b, and also 7g (if applicable).
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL ST NAME	<u> </u>	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		Mary		
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS Water edge J	) <sub>V</sub>	Bham	STATE POSTAL CODE  A1 35244	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR	ION	7f. JURISDICTION OF ORGANIZATION	77 33 77 7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated	1 11 1 1	describe colleteral Descioned		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH adds collateral or adds the authorizing Debtor, or if this is a Termination au 9a. ORGANIZATION'S NAME	HIS AME	NDMENT (name of assignor, if this is an Assignm by a Debtor, check here and enter name of DE	ent). If this is an Amendment authorized be BTOR authorizing this Amendment.	y a Debtor which
OR 9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				