



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Fran Sammons (205) 669-6721			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
First National Bank of Shelby Cou P.O. Box 977	unty		
Columbiana, AL 35051			
		•	
Ţ			
	THE ABOVE S	PACE IS FOR FILING OFFICE	HSE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	· · · · · · · · · · · · · · · · · · ·
1999-27227		to be filed [for record] (c	or recorded) in the
2. X TERMINATION: Effectiveness of the Financing Statement idea	ntified above is terminated with respect to security interest(s) o		
3. CONTINUATION: Effectiveness of the Financing Statement is 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 in item 7c; and also give name	e of assignor in item 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment aff			
Also check one of the following three boxes and provide appropriate	<u></u>	<u>2110</u> Of these two boxes.	
CHANGE name and/or address: Give current record name in item	6a or 6b; also give new DELETE name: Give record name	· \arrivers a a a ile	em 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if ac 6. CURRENT RECORD INFORMATION:	ddress change) in item 7cto be deleted in item 6a or 6b.	item 7c; also complete i	items 7d-7g (if applicable).
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Brown	Catherine	A.	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
w <u></u> -			
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 79. TYPE OF ORGANIZATION	ZATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
DEBTOR			~ X NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			AIVOIVE
Describe collateral deleted or added, or give entire re	stated collateral description, or describe collateral assigned		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	TIUO ALAMAINA AMBINA		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of assignor, if this is an Assignn	nent). If this is an Amendment auth	norized by a Debtor which
9a. ORGANIZATION'S NAME	and eutel usue of D	TO TON BUTNORIZING this Amendm	ent.
First National Bank of Shelby County			
96. INDIVIDUAL'S LAST NAME	FIRST NAME		
	TOTAL	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
Stephen Max Brown			

20040211000072310 Pg 2/2 .00 Shelby Cnty Judge of Probate, AL 02/11/2004 14:58:00 FILED/CERTIFIED

	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY	T				
	NAME & PHONE OF CONTACT AT FILER [optional]	<u> </u>				
	Fran Sammons (205) 669-6721					
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	First National Bank of Shelby County	l l				
P.O. Box 977						
	Columbiana, AL 35051					
			THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
la.	INITIAL FINANCING STATEMENT FILE #			1	s FINANCING STATEMENT se filed [for record] (or reco	
	1999-27227	· · · · · · · · · · · · · · · · · · ·		REA	AL ESTATE RECORDS.	·
2.	TERMINATION: Effectiveness of the Financing Statement identified above is					
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security	interest(s) of the Secured F	Party autho	rizing this Continuation Sta	stement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in ite	m 7c; and also give name o	of assignor	in item 9.	
5. 7	AMENDMENT (PARTY INFORMATION): This Amendment affects Debt	tor <u>or</u> Secured Part	y of record. Check only <u>one</u>	of these t	vo boxes.	
<i>F</i>	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in					
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)		E name: Give record name leleted in item 6a or 6b.	AD iter	D name: Complete item 7a n 7c; also complete items	or 7b, and also 7d-7g (if applicable).
	URRENT RECORD INFORMATION:		· · · · · · · · · · · · · · · · · · ·			
	6a. ORGANIZATION'S NAME			-		
OR	6b. INDIVIDUAL'S LAST NAME	TEIDOT NAME		• · · · · · · · · · · · · · · · · · · ·		
	Brown	FIRST NAME	4l •	MIDDLE	NAME	SUFFIX
		L'a	therine		Α.	
	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			····		
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	······································	MIDDLE	NAME	Tour E.V
				IVIIDULE	ANTAIL	SUFFIX
7c. N	AAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
					OOTAL CODE	COONTAI
7d. T	AX ID #: SSN OR EIN ADD'L INFO RE 79. TYPE OF ORGANIZATION	7f. JURISDICTION OF	ORGANIZATION	7a. ORG	ANIZATIONAL ID #, if any	<u> </u>
	ORGANIZATION ' DEBTOR					 1
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.	<u> </u>	· · · · · · · · · · · · · · · · · · ·			X NONE
	escribe collateral deleted or added, or give entire restated collater	al description, or describe	• ••!••••			
		ar description, or describe	e collateral assigned.			
0 NI	ANAC OF CECUIDED DADTY DECORD ITELIA		· · · · · · · · · · · · · · · · · · ·			
ad ad	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN	IDMENT (name of assignment)	nor, if this is an Assignmen	t). If this is	an Amendment authorized	by a Debtor which
_	Ids collateral or adds the authorizing Debtor, or if this is a Termination authorized by the second	by a Daptor, check here	and enter name of DE8	OR auth	orizing this Amendment.	
	First National Bank of Shelby County					
JK L	96. INDIVIDUAL'S LAST NAME	CIDOT NASAC	<u> </u>			
		FIRST NAME		MIDDLE N	AME	SUFFIX
0 (ODTIONAL EU ED DECEDENCE DATA					
U. L	[MIII] [NIXI EII EN DELL'III 817'1 12 - T -	·			<u> </u>	
	OPTIONAL FILER REFERENCE DATA phen Max Brown					