| | | 09/29/ | 2008 01:56:39PM FIL | ED/CERT |
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| UCC FINANCING STATEMENT AMENDMEN | T | | | |
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] (205) 558-4600 | | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| Alamerica Bank | | | | |
| 2170 Highland Avenue | | | | |
| Birmingham, AL 35205 | | | | |
| | THE ABOVE SPA | CE IS FO | R FILING OFFICE USE O | NLY |
| 1a. INITIAL FINANCING STATEMENT FILE# | | 1b. This | FINANCING STATEMENT A | MENDMENT is |
| 20031001000659490 pg 1/3 | | | e filed [for record] (or record L ESTATE RECORDS. | |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above | | | | |
| 3. CONTINUATION: Effectiveness of the Financing Statement identified abortional period provided by applicable law. | ve with respect to security interest(s) of the Secured | Party author | orizing this Continuation State | ement is |
| 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 | of assignor | in item 9. | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects De | ebtor or Secured Party of record. Check only or | ne of these | two boxes. | |
| Also check one of the following three boxes and provide appropriate informations of the and/or address: Please refer to the detailed instructions | ation in items 6 and/or 7. DELETE name: Give record n to be deleted in item 6a or 6 | ame 🔲 AD | D name: Complete item 7a o | or 7b, and also ite |
| in regards to changing the name/address of a party. | to be deleted in item 6a or 6 | b. 7c; | also complete items 7e-7g | (іт арріісавіе). |
| 6. CURRENT RECORD INFORMATION: | | | · · · · · · · · · · · · · · · · · · · | <u>,</u> |
| 6a. ORGANIZATION'S NAME | | | | |
| OR 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX | | SUFFIX |
| Mooney | Michael | Wayı | ne | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | | |
| 7a. ORGANIZATION'S NAME | | | | |
| OR 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 70. INDIVIDUAL O LACT HANVIL | | | | |
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 1040 14th Street, Suite C | Calera | AL | 35040 | USA |
| 7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORG | ANIZATIONAL ID #, if any | · · · · · · · · · · · · · · · · · · · |
| ORGANIZATION DEBTOR | | | | NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box. | | | | |
| Describe collateral deleted or added, or give entire restated co | llateral description, or describe collateral assig | jned. | | |
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| O NAME OF SECURED DARTY OF RECORD AUTHORIZING THIS AL | MENDMENT (name of assignor, if this is an Assignm | ent). If this i | s an Amendment authorized by | a Debtor which |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS All adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor. | MENDMENT (name of assignor, if this is an Assignmized by a Debtor, check here and enter name of | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME | | | | |
| adds collateral or adds the authorizing Debtor, or if this is a Termination author | | | | |
| adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME | | | authorizing this Amendm | |
| adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME Alamerica Bank | ized by a Debtor, check here and enter name o | DEBTOR | authorizing this Amendm | ent. |
| adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME Alamerica Bank | ized by a Debtor, check here and enter name o | DEBTOR | authorizing this Amendm | ent. |