

20240610000172530 06/10/2024 03:53:59 PM UCC1 1/3

## **UCC FINANCING STATEMENT**

| FOLLOW INSTRUCTIONS   |   |                   |                               |                               |                          |                 |                       |
|---|---|-------------------|-------------------------------|-------------------------------|--------------------------|-----------------|-----------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  CSC 1-800-858-5294  |   |                   |                               |                               |                          |                 |                       |
| B. E-MAIL CONTACT AT SUBMITTER (optional)  SPRFiling@cscglobal.com  |   |                   |                               |                               |                          |                 |                       |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |   |                   |                               |                               |                          |                 |                       |
| CSC 801 Adlai Stevenson Drive Springfield, IL 62703  SEE BELOW FOR SECURED PARTY CONTACT INFORMAT   | n: Alabama<br>(Shelby)                                |                   |                               |                               |                          |                 |                       |
| 1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full na  |   |                   | THE ABOVE SF                  |                               |                          |                 |                       |
|   | the Individual Debtor info                            |                   |                               |                               |                          |                 | Jebeor Stiatific Will |
| 1a. ORGANIZATION'S NAME   |   |                   |                               |                               |                          |                 |                       |
| OR 1b. INDIVIDUAL'S SURNAME HERROD  | FIRST PERSONAL NAME  THERESA                          |                   | ADDITIONAL NAME(S)/INITIAL(S) |                               | IITIAL(S)                | SUFFIX          |                       |
| 1c. MAILING ADDRESS 153 RIVER BIRCH RD  | CHELSEA   |                   |                               | STATE                         | POSTAL CODE 35043        | <u> </u>        | COUNTRY               |
| 2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full nat not fit in line 2b, leave all of item 2 blank, check here | me; do not omit, modify<br>the Individual Debtor info |                   |                               |                               |                          |                 | Debtor's name will    |
| 2a. ORGANIZATION'S NAME   |   |                   |                               |                               |                          |                 |                       |
| OR 2b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                                   |                   | ADDITIO                       | ADDITIONAL NAME(S)/INITIAL(S) |                          | SUFFIX          |                       |
| 2c. MAILING ADDRESS   | CITY  |                   |                               | STATE                         | POSTAL CODE              | <u>=</u>        | COUNTRY               |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR  | ED PARTY): Provide o                                  | nly <u>one</u> Se | cured Party name              | (3a or 3b)                    |                          |                 |                       |
| 3a. ORGANIZATION'S NAME Advantage Experts Services  |   |                   |                               |                               |                          |                 |                       |
| OR 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                                   |                   |                               | ADDITIONAL NAME(S)/INITIAL(S) |                          |                 | SUFFIX                |
| 3c. MAILING ADDRESS 1840 N Greenville Ave STE 128   | CITY<br>Richardson                                    |                   |                               | STATE                         | POSTAL CODE <b>75081</b> | <u> </u>        | COUNTRY               |
| 4 COLLATERAL: This financing statement covers the following collateral:   | rticharason   |                   |                               | 17                            | 7 000 1                  |                 |                       |
| 4. COLLATERAL: This financing statement covers the following collateral:<br>See Exhibit A   |   |                   |                               |                               |                          |                 |                       |
| The Indebtedness Amount is \$15341  |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
|   |   |                   |                               |                               |                          |                 |                       |
| 5. Check only if applicable and check only one box: Collateral is held in a Trust (   | (see UCC1Ad, item 17                                  | and Instruct      | tions) Dei                    | ng administer                 | ed by a Deceder          | nt's Personal F | Representative        |
| 6a. Check only if applicable and check only one box:  |   | _                 |                               | _                             | applicable and o         | _               |                       |
| Public-Finance Transaction  Manufactured-Home Transaction  7 ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lesser                            | A Debtor is a T                                       | ransmitting       |                               |                               | tural Lien               | Non-UCC F       |                       |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor  8. OPTIONAL FILER REFERENCE DATA:  | Consignee/Consignor                                   |                   | Seller/Buyer                  | <u></u> Ва                    | ilee/Bailor              |                 | ee/Licensor           |
|   |   |                   |                               |                               |                          |                 | 2840 41550            |

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| 9a. ORGANIZATION'S NAME  |  |  |   |                                   |
|--|--|--|---|-----------------------------------|
|  |  |  |   |                                   |
|  |  |  |   |                                   |
| 9b. INDIVIDUAL'S SURNAME   |  |  |   |                                   |
| HERROD<br>EIRST DEDSONAL NAME  |  |  |   |                                   |
| FIRST PERSONAL NAME  THERESA   |  |  |   |                                   |
| ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX   |  |   |                                   |
|  | TH   | IE ABOVE SPACE   | IS FOR FILING OFFICE  | USE ONL                           |
| DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name of the new of the order, modify, or abbreviate any part of the Debtor's name) and enter the r   |  | of the Financing Staten  | nent (Form UCC1) (use exa   | ct, full name;                    |
| 10a. ORGANIZATION'S NAME   | naming address in fine 100   |  |   |                                   |
|  |  |  |   |                                   |
| 10b. INDIVIDUAL'S SURNAME  |  |  |   |                                   |
| INDIVIDUAL'S EIDST DEDSONAL NAME   |  |  |   |                                   |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |  |   |                                   |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |  |  |   | SUFFIX                            |
|  |  |  |   |                                   |
| MAILING ADDRESS  | CITY   | STATE  | POSTAL CODE   | COUN                              |
|  |  |  |   |                                   |
| ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSIGNATION ASSIGNATION OF ASSIGNAT | GNOR SECURED PARTY'S NAME:   | Provide only <u>one</u> nam                                      | ne (11a or 11b)   |                                   |
|  |  |  |   |                                   |
| AL INDUMENTALIO OLIDALANE  | TEIDOT DEDOONAL NAME   | T  |   | louisen.                          |
| 11b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME  | ADDITIO  | NAL NAME(S)/INITIAL(S)  | SUFFIX                            |
|  |  |  |   |                                   |
| MAILING ADDRESS  | CITY   | ADDITIO  | POSTAL CODE   |                                   |
| MAILING ADDRESS  |  |  |   |                                   |
|  |  |  |   | COUNT                             |
| MAILING ADDRESS  |  |  |   |                                   |
| MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):   | CITY   |  |   |                                   |
| MAILING ADDRESS  | CITY   |  | POSTAL CODE   | COUNT                             |
| MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16  | CITY  14. This FINANCING STATEMENT:  Covers timber to be cut  16. Description of real estate:  | covers as-extracted of   | POSTAL CODE  ollateral is filed as                                | a fixture filing                  |
| MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  | CITY  14. This FINANCING STATEMENT:  covers timber to be cut  16. Description of real estate:  ALL THAT LOT, PIECE   | covers as-extracted of OR PARCEL                                 | POSTAL CODE  ollateral is filed as  OF LAND, SITU                 | a fixture filing                  |
| MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16 f Debtor does not have a record interest):  IERESA HERROD  3 RIVER BIRCH RD  | CITY  14. This FINANCING STATEMENT:  covers timber to be cut  16. Description of real estate:  ALL THAT LOT, PIECE  CITY OF CHELSEA, CO  | covers as-extracted of OR PARCEL OUNTY OF SH                     | POSTAL CODE  ollateral is filed as  OF LAND, SITU HELBY, STATE (  | a fixture filing                  |
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| MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16 f Debtor does not have a record interest):  IERESA HERROD  3 RIVER BIRCH RD  | CITY  14. This FINANCING STATEMENT:    covers timber to be cut     16. Description of real estate:  ALL THAT LOT, PIECE CITY OF CHELSEA, COALABAMA, BEING KNOWINDSTONE VI SUBDI  | covers as-extracted of OR PARCEL OUNTY OF SHOWN AND DESTRICTION. | ollateral is filed as  OF LAND, SITU HELBY, STATE ( SIGNATED AS L | a fixture filing ATE IN OF OT 625 |

## **EXHIBIT A**

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 05-06-2020, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A CARRIER heating component, Model # 58TP0A090V211120 (Serial # 5919G14098) and a CARRIER air conditioner, Model # 24ACC442A0030011 (Serial # 1120E04940), whether now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts and tools belonging thereto or for use in connection therewith; and any and all products and proceeds of any of the foregoing (including, but not limited to, any claims to any items referred to in this definition, and any claims of Debtor against third parties for loss of, damage to or destruction of any or all of the collateral or for proceeds payable under, or unearned premiums with respect to, policies of insurance) in whatever form, including, but not limited to, all cash, interest, principal, royalties, license fees, rents, dividends, negotiable instruments and other instruments for the payment of money, chattel paper, security agreements and other documents or other property from time to time received, receivable or otherwise distributed in respect of, or in exchange for, the collateral. Said collateral is located at address:

153 RIVER BIRCH RD CHELSEA AL 35043

THIS FILING IS MADE FOR NOTICE PURPOSES ONLY. THE DEBTOR HAS NO OWNERSHIP RIGHTS IN THE COLLATERAL. THE DEBTOR IS LEASING THE COLLATERAL.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
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