20250311000073390 03/11/2025 02:32:06 PM UCC1 1/2

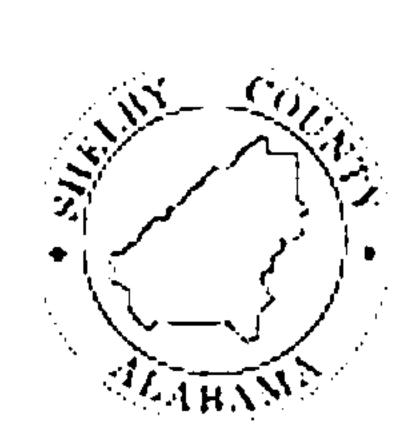


	C FINANCING STATEMENT									
	LOW INSTRUCTIONS AME & PHONE OF CONTACT AT FILER (optional)									
B. E	-MAIL CONTACT AT FILER (optional)									
C. S	END ACKNOWLEDGMENT TO: (Name and Address)									
	MCPHAIL SANCHEZ, LLC PO BOX 870 MOBILE, AL 36602-3226									
					IS FOR FILING OFFICE U					
	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)									
	1a. ORGANIZATION'S NAME									
	Ib. INDIVIDUAL'S SURNAME DOUGLAS JR.	FIRST PERSONAL NAME PHILLIP		ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX				
	ILING ADDRESS SAVANNAH CLUB DR	CALERA		STATE	POSTAL CODE 35040	COUNTRY				
OR -	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX									
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONA	AL INAIVIE(S)/IIVITIAE(S)	SUFFIX				
2c. MAILING ADDRESS		CITY	CITY			COUNTRY				
Ţ.	ECURED PARTY'S NAME (or NAME of ASSIGNEE O									
OR	Bb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
	ILING ADDRESS O 6 TH AVE N	CITY BIRMINGHAM				COUNTRY				
4. C	OLLATERAL: This financing statement covers the following colla	ateral:								
Hand	C Replacement,Heat Pump,Heatpump,GH5SAN4 dler,FJ4DNXB24,4824F19905, Carrier 00.00	42400AABAA,4624X82282,Carrier	HVAC Repla	cement,He	eat Pump,Air					
5 . Ch	eck <u>only</u> if applicable and check <u>only</u> one box: Collateral is h	eld in a Trust (see UCC1Ad, item 17 and Instru	ictions) 🔲 b	eing administe	ered by a Decedent's Person	al Representative				
_	heck <u>only</u> if applicable and check <u>only</u> one box:	_	6b. Check <u>onlγ</u> if applicable and check <u>onlγ</u> one box:							
	Public-Finance Transaction Manufactured-Home Transa		itting Utility Agricultural Lien Non-UCC Filing							
7. AL	TERNATIVE DESIGNATION (if applicable):	Consignee/Consignor S	eller/Buyer	☐ Bailee/Ba	ilor Licensee/Licen	sor				
	TIONAL FILER REFERENCE DATA: 00.00	Shelby County								

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS									
	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financin	g Statement; if I	ine 1b was left bl	ank	1				
	ecause Individual Debtor name did not fit, check here								
	9a. ORGANIZATION'S NAME								
					1				
	9b. INDIVIDUAL'S SURNAME								
OR	DOUGLAS JR.								
	FIRST PERSONAL NAME PHILLIP								
	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	-				
					T	HE ABOVE	SPACE IS FOR FIL	ING OFFIC	E USE ONLY
10.	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional De	btor name or De	ebtor name that d	id not fit in line 1b o	r 2b of the F	inancing St	atement (Form UCC1)	(use exact, f	ull name;
	lo not omit, modify, or abbreviate any part of the Debtor's name) and 10a. ORGANIZATION'S NAME	d enter the mailir	ng address in line	: 1UC					
	10b. INDIVIDUAL'S SURNAME								
OR	INDIVIDUAL'S FIRST PERSONAL NAME								
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
10c. N	IAILING ADDRESS	CITY	,			STATE	POSTAL CODE		COUNTRY
							35040		
11.	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR	SECURED F	ARTY'S NAME	: Provide o	nly <u>one</u> nam	e (11a or 11b)		
	11a. ORGANIZATION'S NAME								
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		<u>л</u> Е		ADDITIONA	L NAME(S)/INITIAL(S)		SUFFIX
11c. N	IAILING ADDRESS	CITY				STATE	POSTAL CODE		COUNTRY
12 /	DDITIONAL SPACE FOR ITEM 4 (Collateral):								
12. F	ADDITIONAL SPACE I OR ITEM 4 (Collateral).								
			l 44						
13.	This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	orded) in the	_	NCING STATEMEN rs timber to be cut		covers as-e	xtracted collateral	X is filed	as a fixture filing
	Name and address of a RECORD OWNER of real estate described i	in item 16	16. Description	n of real estate:					
(if Debtor does not have a record interest): Source of Title: 2000-11153. Legal Description: SAVANNAH POINTE SECTC PHASE 1. Owner: Tonda Douglas and Phillip Douglas, Jr.								POINTE	SECTOR 1
17. N	1ISCELLANEOUS:		-						

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
03/11/2025 02:32:06 PM
\$40.00 BRITTANI
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