20250521000155440 05/21/2025 03:01:46 PM UCC1 1/6

UCC FINANCING STATEMENT

3c. MAILING ADDRESS 3400 N Central Expy, Ste 47 4. COLLATERAL: This financing statement covers the following collar See Exhibit A The Indebtedness Amount is \$18,100.00 5. Check only if applicable and check only one box: Collateral is 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Total ALTERNATIVE DESIGNATION (if applicable): Lessee/Lesse	held in a Trust (see UCC1Ad, item 17	and Instructions)	6b. Check <u>only</u> if	ed by a Decedent's Personal applicable and check only or ural Lien Non-UCC	ne box:
4. COLLATERAL: This financing statement covers the following collar See Exhibit A The Indebtedness Amount is \$18,100.00 5. Check only if applicable and check only one box: Collateral is 6a. Check only if applicable and check only one box:	held in a Trust (see UCC1Ad, item 17	and Instructions)	6b. Check <u>only</u> if	applicable and check only or	ne box:
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3c. MAILING ADDRESS 3400 N Central Expv. Ste 41	10		TX	75080	USA
	10 CITY		STATE	POSTAL CODE	COUNTRY
30. INDIVIDUAL S SUKNAME	FIRST PERSONAL	NAIVIE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME	EIDET DEDOOMAL	NIA MAE	ADDITIO	NAL NIAME/QV/INITIAL /QV	CHEEN
3a. ORGANIZATION'S NAME Advantage Experts Se	ervices				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	•	only <u>one</u> Secured Party na	me (3a or 3b)		•
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIOI	NAL NAME(S)/INITIAL(S)	SUFFIX
OR	I	N. 1. 2	 	141 - 144 - 1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	 -
2a. ORGANIZATION'S NAME					
not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor in				i Debtoi 3 name wiii
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us		v. or abbreviate any part of			
1c. MAILING ADDRESS 2849 HELENA RD	HELENA		AL	POSTAL CODE 35080	USA
	DEBRA		STATE	POSTAL CODE	COUNTRY
1b. INDIVIDUAL'S SURNAME ROY	FIRST PERSONAL DERDA	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OR	•				
1a. ORGANIZATION'S NAME					
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (u not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modification and provide the Individual Debtor in				וו peptor's name will
				R FILING OFFICE USE	
SEE BELOW FOR SECURED PARTY CONTACT	`				
Springfield, IL 62703	Filed In: Alabama (Shelby)				
801 Adlai Stevenson Drive					
3122 94485 CSC					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
SPRFiling@cscglobal.com					
B. E-MAIL CONTACT AT SUBMITTER (optional)	'7				
CSC 1-800-858-5294	[]				

9a. ORGANIZATION'S NAME				
R OL INDUMENTALIS OF BUILDING AND				
` 9b. INDIVIDUAL'S SURNAME ROY				
DEBRA				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	HE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		of the Financing Staten	nent (Form UCC1) (use exac	t, full name;
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10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
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ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION'S NAME		. I Tovide only <u>one</u> nan	ic (Tra or Trb)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		Covers as-extracted o	ollateral is filed as a	a fixture filing
	14. This FINANCING STATEMENT: covers timber to be cut 16. Description of real estate: A part of the NE 4 of the Range 3 West more particles		ction 21, Townsh	•

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here	nt; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME ROY				
FIRST PERSONAL NAME DEBRA				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		or 2b of the Financing Staten	nent (Form UCC1) (use exac	t, full name;
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURED PARTY'S N	NAME: Provide only <u>one</u> nan	ne (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	he 14. This FINANCING STATEMEN	NT :		
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	covers timber to be cut 16. Description of real estate: degrees 43 minutes			

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
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FIRST PERSONAL NAME DEBTOR'S NAME: Provoe (10s or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full nation on the min, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c The ABOVE SPACE IS FOR FILING OFFICE USE CONTROL NAME: Provoe (10s or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full nation on the full name) of the provide only one name (Form UCC1) (use exact, full nation of the International Name) and enter the mailing address in line 10c Top International Name International N								
DEBTOR'S NAME: Provide (10s or 10s) only one additional better name or Debter name that old not fill in line 1s or 2b of the Financing Statement (Form UCC1) (use exact, full not on cont, modify, or abbrevate any part of the Debter's name) and enter the mailing address in line 10s. 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SyINITIAL(S)) MAILING ADDRESS OTTY STATE POSTAL CODE CO ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME TID. INDIVIDUAL'S SURNAME TID. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SU ANDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SU ADDITIONAL SPACE FOR ITEM 4 (Collatoral): 11c. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL SPACE FOR ITEM 4 (Collatoral): 11d. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the the covers and extracted collateral IV is filed as a fixture Name and address of a RECORD NOWER of real estate cessaribed in here 16 (f) Descriptions of read estate: Parcel ID Number: 13-5-21-1-001-009.000	9b. INDIVIDUAL'S SURNAME							
DEBTOR'S NAME: Provide (10s or 10s) only as additional Debtor name or Debtor name that did not filt in line 15 or 25 of the Financing Statement (Form UCC1) (use exact, full nation of not ormit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c. Total Individual's SURNAME								
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EXHIBIT A

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 1/13/2025, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A RUUD package unit Model# RGEAZR042AJT101NAAJA (Serial# F162400745). Another contract dated 1/13/2025, LENNOX IAQ Model#PCO3-16-16 (Serial# 2124C01871), 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: 2849 Helena Rd Helena, AL 35080

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

20250521000155440

THE DEBTOR IS LEASING THE COLLATERAL.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
05/21/2025 03:01:46 PM
\$74.15 JOANN

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