



UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

|                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>CSC 1-800-858-5294                                                                                                         |  |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>SPRFiling@cscglobal.com                                                                                                             |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>3144 50750<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Alabama<br/>(Shelby)</div> |  |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION                                                                                                                                  |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. 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)

|                                    |                                      |                              |                               |                      |                |
|------------------------------------|--------------------------------------|------------------------------|-------------------------------|----------------------|----------------|
| OR                                 | 1a. ORGANIZATION'S NAME              |                              |                               |                      |                |
|                                    | 1b. INDIVIDUAL'S SURNAME<br>CALDWELL | FIRST PERSONAL NAME<br>JAMES | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 1c. MAILING ADDRESS 243 WYNLAKE DR |                                      | CITY<br>ALABASTER            | STATE<br>AL                   | POSTAL CODE<br>35007 | COUNTRY<br>USA |

2. 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)

|                     |                          |                     |                               |             |         |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |         |
|                     | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |         |
| 2c. MAILING ADDRESS |                          | CITY                | STATE                         | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                                  |                                                    |                     |                               |                      |                |
|--------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------|----------------------|----------------|
| OR                                               | 3a. ORGANIZATION'S NAME Advantage Experts Services |                     |                               |                      |                |
|                                                  | 3b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 3c. MAILING ADDRESS 3400 N Central Expy, Ste 410 |                                                    | CITY<br>Richardson  | STATE<br>TX                   | POSTAL CODE<br>75080 | COUNTRY<br>USA |

4. COLLATERAL: This financing statement covers the following collateral:  
See Exhibit A

The Indebtedness Amount is \$15,500.00

|                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |  |                                                                                                                                                          |  |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |  | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |  |  |                                                                                                                                                          |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |  |  |                                                                                                                                                          |  |  |

3144 50750

UCC FINANCING STATEMENT ADDENDUM  
FOLLOW INSTRUCTIONS

|                                                                                                                                                                                  |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here <input type="checkbox"/> |                          |
| 9a. ORGANIZATION'S NAME                                                                                                                                                          |                          |
|                                                                                                                                                                                  |                          |
| OR                                                                                                                                                                               | 9b. INDIVIDUAL'S SURNAME |
|                                                                                                                                                                                  | CALDWELL                 |
|                                                                                                                                                                                  | FIRST PERSONAL NAME      |
| JAMES                                                                                                                                                                            |                          |
| ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                    | SUFFIX                   |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                           |                                  |      |       |             |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|-------|-------------|---------|
| 10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c |                                  |      |       |             |         |
| 10a. ORGANIZATION'S 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b) |                           |      |                     |                               |         |
| 11a. ORGANIZATION'S NAME                                                                                                                                                 |                           |      |                     |                               |         |
| OR                                                                                                                                                                       | 11b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|                                                                                                                                                                          |                           |      |                     |                               |         |
|                                                                                                                                                                          |                           |      |                     |                               |         |
| 11c. MAILING ADDRESS                                                                                                                                                     |                           | CITY | STATE               | POSTAL CODE                   | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

|                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)                              | 14. This FINANCING STATEMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing                                                                                                  |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):<br>JAMES CALDWELL<br>243 Wynlake Dr<br>Alabaster, AL 35007 | 16. Description of real estate:<br>Lot 188, according to the Survey of Wynlake, Phase 4A, as recorded in Map Book 22, Page 19, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.<br>PARCEL#235220006046008<br>PROPERTY ADDRESS: 243 Wynlake Dr Alabaster, AL 35007 |

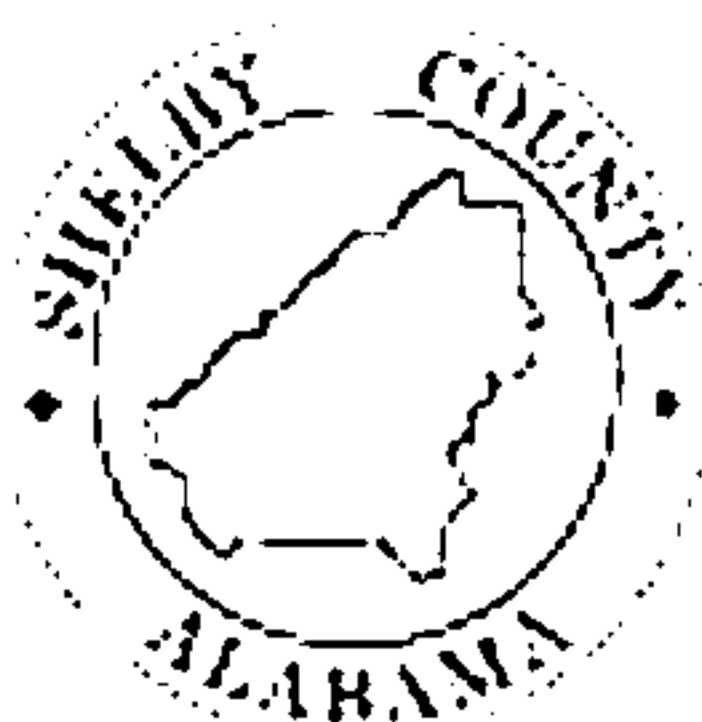
17. MISCELLANEOUS:

## EXHIBIT A

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 4/24/2025, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A LENNOX Heating Component Model# ML180UH110E60C-58 (Serial# 1724M37515) and a LENNOX air conditioner Model#ML14KC1-048-230A02 (Serial# 1925A24617), 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:  
243 Wynlake Dr  
Alabaster, AL 35007

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  
06/10/2025 02:12:42 PM  
\$64.25 BRITTANI  
20250610000178290

*Allen S. Bayl*