



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>3174 17623<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>SALLAS | FIRST PERSONAL NAME<br>NICK | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 1c. MAILING ADDRESS 114 HIGHLAND DR |                                    | CITY<br>COLUMBIANA          | STATE<br>AL                   | POSTAL CODE<br>35051 | 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 \$ 14,400

|                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 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/Licenser |  |  |                                                                                                                                                          |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |  |  |                                                                                                                                                          |  |  |

3174 17623

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 ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

SALLAS

FIRST PERSONAL NAME

NICK

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 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. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one 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. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
☐ covers timber to be cut ☐ covers as-extracted collateral ☒ 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):  
NICK SALLAS  
114 HIGHLAND DR  
COLUMBIANA AL 35051

16. Description of real estate:  
ALL THAT LOT, PIECE OR PARCEL OF LAND, SITUATE IN THE CITY OF COLUMBIANA, COUNTY OF SHELBY, STATE OF ALABAMA, BEING KNOWN AND DESIGNATED AS LOT 15, HIGHLANDSSUBDIVISION.  
  
PARCEL ID# 21 6 24 1 001 029.000

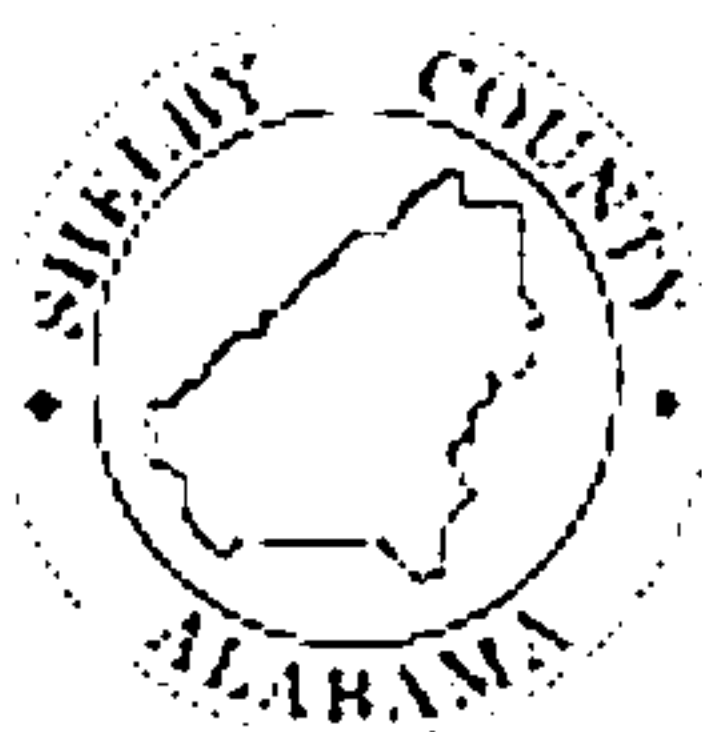
17. MISCELLANEOUS:

**EXHIBIT A**

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 12/08/2022, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A AO SMITH WATER HEATER, Model # AENS4020217000 (Serial # 2246131784492) and a LENNOX IAQ, Model # PC032016 (Serial # 2122K09251), and another contract dated 06/04/2025, a FRESHAIRE IAQ, Model # CA-PCOX-DI3-P (Serial # CA250527-554142), 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:

114 HIGHLAND DR  
COLUMBIANA AL 35051

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**  
**07/11/2025 09:05:25 AM**  
**\$62.60 JOANN**  
**20250711000209830**

*Allen S. Bayl*