20250930000299480 1/5 $34.00
Shelby Cnty Judge of Probate, AL
09/30/2025 03:18:44 PM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Edwards, Gary-F 205-532-0765

B. E-MAIL CONTACT AT SUBMITTER (optional)
motodoc1@gkedwards.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
GARY FORREST EDWARDS
PO BOX 563

ALABASTER, AL 35007
USA

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Alabama
Sec. Of State
B 25-7461285 FS
Date 08/12/2025
Time 07:47 PM
250812 5 Pg
File $15.00
Access $9.75
Conv $5.50
Total $30.25
111431868

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)

1a. ORGANIZATION'S NAME
GARY FORREST EDWARDS

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 563	ALABASTER	AL	35007	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)

2a. ORGANIZATION'S NAME

OR

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)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Gary-Forrest:	Edwards		

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
158 Big Oak Drive	Maylene	AL	35114-9778	USA

4. COLLATERAL: This financing statement covers the following collateral:

Cary forward of Florida filing as transmitting utility UCC 200809191464.
See list noted on original registry in Item 4 and Item 15

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ■ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
UCC 200809191464 FL.

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

20250930000299480 2/5 $34.00
Shelby Cnty Judge of Probate, AL
09/30/2025 03:18:44 PM FILED/CERT

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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

Alabama
Sec. Of State
B 25-7461285 FS
Date 08/12/2025
Time 07:47 PM
250812 5 Pg
File $15.00
Access $9.75
Conv $5.50
Total $30.25
11143186868

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):

16. Description of real estate:

17. MISCELLANEOUS:

FLORIDA SECURED TRANSACTION REGISTRY

20250930000299480 3/5 $34.00
Shelby Cnty Judge of Probate, AL
09/30/2025 03:18:44 PM FILED/CERT

GARY-FORREST EDWARDS
158 BIB OAK DRIVE
MAYLENE AL 13511

Former UCC 1 info.

UCC number 200809191464 has been filed with the Florida Secured Transaction Registry. The expiration date for the filing is 09/19/2013.

Complete information related to the UCC filing is available on the internet at www.FloridaUCC.com. It is your responsibility to review all information associated with this filing to ensure information has been recorded correctly.

Please note: the State of Florida has approved revised versions of the following forms:
1) State of Florida Uniform Commercial Code Financing Statement Form (Form UCC-1)
2) State of Florida Uniform Commercial Code Financing Statement Form - Addendum (Form UCC-1 Addendum)
3) State of Florida Uniform Commercial Code Financing Statement Amendment Form (Form UCC-3)
4) State of Florida Uniform Commercial Code Financing Statement Amendment Form - Addendum (Form UCC-3 - Addendum)

These forms are available for download from: www.FloridaUCC.com.

Update - Non std form -
- x for National 2011
- FL - 2013
online filing - -

If you have questions or concerns about this filing, please call FLORIDAUCC, Inc. at (850) 222-8526.

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON

B. SEND ACKNOWLEDGEMENT TO:
Name Gary-Forrest: Edwards
Address 158 Big Oak Drive
Address
City/State/Zip Maylene, Alabama [35114]

FLORIDA SECURED TRANSACTION REGISTRY

FILED
2008 Sep 19 AM 12:00
****** 200809191464 ******
*****C * 091908092314O1-31.00***31.00*****

COPY

1. DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (1a OR 1b) – Do Not Abbreviate or Combine Names

1a. ORGANIZATION'S NAME GARY FORREST EDWARDS, ORGANIZATION/ TRADENAME/ TRADE MARK - DEBTOR				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS C/O 158 BIG OAK DRIVE	CITY MAYLENE	STATE AL	POSTAL CODE 35114	COUNTRY U.S.A.
1d. TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LEGAL ENTITY	1f. JURISDICTION OF ORGANIZATION U. S. A., USA, AL, FL, IL, MO	1g. ORGANIZATIONAL ID# 101-59-038302 ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (2a OR 2b) – Do Not Abbreviate or Combine Names

2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID# ☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME				
3b. INDIVIDUAL'S LAST NAME Edwards	FIRST NAME Gary	MIDDLE NAME Forrest		SUFFIX
3c. MAILING ADDRESS 158 Big Oak Drive	CITY Maylene	STATE Alabama	POSTAL CODE [35114]	COUNTRY U.S.A.

4. This **FINANCING STATEMENT** covers the following collateral:

Secured Party, a sovereign, hereby duly gives Notice of Claim to: (1) all right, title and interest in CERTIFICATE OF LIVE BIRTH (DOB July 22, 1959) BIRTH NO. 101-59-038302, filed with ALABAMA Center for Health Statistics, and the pledge thereby represented, not limited to the pignus, hypotheca, hereditaments, res, the energy and all products derived therefrom, and all signatures on all contracts and agreements predicated on the LEGAL ENTITY described above as DEBTOR (a commercial transmitting utility and a trust), nunc pro tunc to date of inception; (2) all right, title and interest in any bonds or equitable exemptions, credits or other remedies created and/or secured pursuant to CERTIFICATE OF LIVE BIRTH NO. 101-59-038302 (OR) representing pre-paid financing - exempt from levy - on any and all commercial activities of DEBTOR; and (3) all right, title and interest in any and all indentures, debentures and bonds of DEBTOR, nunc pro tunc to the date of inception. SECURED PARTY further claims all right, title and interest in all of DEBTOR's titled and non-titled interests in assets, bonds and notes numbered GFE1000-GFE9999, and all other possessions, property, resources and licenses, etc., and including but not limited to ALABAMA DRIVER LICENSE # 7435296, FEDERAL AVIATION ADMINISTRATION PRIVATE PILOT CERT. NO. 416924941, STATE OF ILLINOIS Department of Registration and Education CHIROPRACTIC PHYSICIAN Certification Number 00195347, ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS License No. 1131, State of Missouri STATE BOARD OF CHIROPRACTIC EXAMINERS License No. 5243.. Enumeration of collateral continued on attached addendum - Form UCC1Ad - Item 15....

5. ALTERNATE DESIGNATION (if applicable)	☐ LESSEE/LESSOR	☐ CONSIGNEE/CONSIGNOR	☐ BAILEE/BAILOR
	☐ AG. LIEN	☐ NON-UCC FILING	☐ SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX – *YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX*

☐ All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

☉ Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA DEBTOR: GARY FORREST EDWARDS Secured Party: Gary-Forrest: Edwards

STANDARD FORM - FORM UCC-1 (REV.12/2001) **Filing Office Copy** **Approved by the Secretary of State, State of Florida**

Gary Forrest Edwards

20250930000299480 4/5 $34.00
Shelby Cnty Judge of Probate, AL
09/30/2025 03:18:44 PM FILED/CERT

20250930000299480 5/5 $34.00
Shelby Cnty Judge of Probate, AL
09/30/2025 03:18:44 PM FILED/CERT

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM – ADDENDUM

8. NAME OF FIRST DEBTOR (1a OR 1b) ON RELATED FINANCING STATEMENT

8a. ORGANIZATION'S NAME			
GARY FORREST EDWARDS			
8b. INDIVIDUAL'S LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX**

9. MISCELLANEOUS:

DEBTOR is a fictional LEGAL ENTITY created by the state.
SECURED PARTY is a living soul, man living on Alabama soil.
Social Security Number & Taxpayer Identification Number (SSN/TIN) assigned to DEBTOR, LEGAL ENTITY, GARY FORREST EDWARDS: [redacted].
Unidentified number printed on reverse side of Social Security card issued by Social Security Administration to DEBTOR: B36117806.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (10a OR 10b) – Do Not Abbreviate or Combine Names

10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

10d. TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	10e. TYPE OF ORGANIZATION	10f. JURISDICTION OF ORGANIZATION	10g. ORGANIZATIONAL ID#
				NONE

11. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)– INSERT ONLY ONE SECURED PARTY NAME (11a OR 11b)

11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

13. Description of real estate:

14. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

15. Additional collateral description:

(. . . continued from Form UCC1 - item 4) . . .and including all benefits due to DEBTOR from Social Security account number 416-92-4941, and including any bonds, exemptions, debt discharge credit/assets, or other equitable remedies accessible via ID numbers 416-92-4941, 416924941 or B36117806. Secured Party's collateral claim is enumerated in detail and bound by private contract pursuant to a duly executed Security Agreement (#SA-072594941GFE) in possession of Secured Party, and recorded with Shelby County Judge of Probate, AL, file#: 20080912000363810. Said Agreement gives Secured Party a total assignment of all of DEBTOR's assets, possessions, property, licenses, etc. All property is accepted for value and is exempt from levy. All proceeds, products, accounts, fixtures, orders, etc. therefrom are released to Secured Party as authorized representative of DEBTOR.

Legislative authority and statutory basis for this UCC collateral assignment filing includes: Public Law Chapter 48, 48 Stat. 112, Public Law 73-10, Public Policy, Act of Congress HJR-192 of June 5, 1933, and codified as USC 31, 5118, and in accord with the UCC

16. Check only if applicable and check only one box.

Debtor is a ◉ Trust or ○ Trustee acting with respect to property held in trust or

○ Decedent's Estate

17. Check only if applicable and check only one box.

◉ Debtor is a TRANSMITTING UTILITY

○ Filed in connection with a Manufactured-Home Transaction – effective 30 years

○ Filed in connection with a Public-Finance Transaction – effective 30 years