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20251014000316290 1/2 \$52.80 Shelby Cnty Judge of Probate, AL 10/14/2025 10:43:13 AM FILED/CERT

			2025 10:43:13 AM F		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)					
UCC COORDINATOR (813) 490-3400					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
ISPC					
1115 GUNN HWY STE 100					
ODESSA FL 33556					
SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION THE AB	OVE SPACE IS F	OR FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exa	ct, 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	d provide the Individual Debtor information in item 10 of the Financing	Statement Addendum	(Form UCC1Ad)		
1a. ORGANIZATION'S NAME					
OR 15 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO!	NAL NAME(S)/INITIAL(S)	SUFFIX	
16. INDIVIDUAL'S SURNAME  NIXON	NATALIE				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1222 WOODLANDS WAY	HELENA	AL	35080	US	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa				not fit in line 2b, leave all (	
item 2 blank, check here	nd provide the Individual Debtor information in item 10 of the Financing	g Statement Addendur	n (Form UCC1Ad)		
2a. ORGANIZATION'S NAME			-		
OR 26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
MEEKS	SHAWN				
2c. MAILING ADDRESS .	CITY	STATE	POSTAL CODE 35080	COUNTRY	
1222 WOODLANDS WAY	HELENA	<u> </u>		US	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY): Provide only one Secured	<u>l Party name (3a or</u>	r 3b)		
' ISPC					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
		CTATE	POSTAL CODE	COUNTRY	
3c. MAILING ADDRESS 1115 GUNN HWY STE 100	ODESSA	STATE	33556	US	
4. COLLATERAL: This financing statement covers the following co	ollateral:				
WATER CONDITIONER EQUIPMENT. SEC	URED PARTY'S INTEREST IN THE CO	OLLATERAL,	WHICH IS OR MA	Y BECOME A	
FIXTURE, DOES NOT EXTEND TO THE REA	L PROPERTY TO WHICH COLLATER	AL IS AFFIX	ED.		
			•		
"MAXIMUM PRINCIPAL INDEBTEDN	JESS EOD AL ARAMA RECORDI	NG TAX P	TIRPOSES IS \$9	2.175.00"	
"MAXIMUM PRINCIPAL INDED LEDI	AESS LOK WEVENIVE KECOKD			, _ , _ , _ ,	
E. Ohealt and the street and should are have Callaboration	held in a Trust (see UCC1Ad, item 17 and Instructions)	being adminis	stered by a Decedent's Pers	onal Representative	
5. Check only if applicable and check only one box: Collateral is  6a.Check only if applicable and check only one box:		6b. Check or	nly if applicable and check o	nly one box:	
Public-Finance Transaction Manufactured-Home		Agric	ultural Lien Non-l	UCC Filing ensee/Licensor	
7. ALTERNATIVE DESIGNATION (if applicable):	Consignee/Consignor Seller/Buy	yerBail	lee/Bailor Lice		
8. OPTIONAL FILER REFERENCE DATA:	ICDC EII E # 1006735		•	CR	
SHELBY, AL	ISPC FILE # <u>1996735</u>	<u> </u>			



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## UCC FINANCING STATEMENT ADDENDUM

FOLI	OW INSTRUCTIONS							
9.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	ent; if line 1b	was left blank					
_	because Individual Debtor name did not fit, check here							
	9a. ORGANIZATION'S NAME			•				
Ì		· <del>-</del>						
OR	9b. INDIVIDUAL'S SURNAME			•				
	NIXON			<u> </u>				
	FIRST PERSONAL NAME							
	NATALIE							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1				
				THE A	ABOVE SPAC	CE IS	S FOR FILING OFFICE	USE ONLY
40	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	or Dobtor po	ome that did not	fit in line 1h or	2h of the Financ	cina (	Statement (Form UCC1) (u:	se exact. full name:
10.	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	mailing add	ress in line 10c		20 01 010 1 11011	VII.9 \		
1	10a. ORGANIZATION'S NAME							
OR	10b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
:	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
							·	
10c. M	AILING ADDRESS	CITY			STAT	ΓE	POSTAL CODE	COUNTRY
				//O NIANE -		_	444 441-3	<u> </u>
11.		OR SECU	RED PARTY	'S NAME: P	rovide only <u>one</u>	nam	e (11a or 11b)	
	11a. ORGANIZATION'S NAME			•				
OR	11b. INDIVIDUAL'S SURNAME		CONAL NAME		TADD	ITION	AL NAME(S)/INITIAL(S)	SUFFIX
0.1			FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			
		CITY			STAT		POSTAL CODE	COUNTRY
11c. M	AILING ADDRESS	CITT				-		
12. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):				<u> </u>	_		
	•							-
			-					
	•							
13	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This	FINANCING ST	ATEMENT:			( <del>5 - 2</del> 1	
REAL ESTATE RECORDS (if applicable)		covers timber to be cut covers as-extracted collateral is filed as a fixture filing					ixture filing	
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  NATALIE NIXON		16. Des	cription of real e	state:				
		LOT 217, SECTOR 2, FINAL PLAT, THE WOODLANDS, SECTORS 2, 4 & 5, REC'D AT MAP BOOK 29, PG 99, SHELBY COUNTY, ALABAMA						
								SHAWN MEEKS 1222 WOODLANDS WAY
HEI	ENA, AL 35080							
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,	-				•			
	/ISCELLANEOUS:		11 4000TOF					
SHI	ELBY, AL ISF	C FILE	# <u>1996735</u>					