STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT INFORMATION FORM

A.   NAME & PHONE OF PERSON FILING THIS STATEMENT [optional]

B.   Email Address

C.   SEND ACKNOWLEDGEMENT TO: (Name and Address)

Name

Address

Address

City/State/Zip

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

---

1. INITIAL FINANCING STATEMENT FILE # | **This space is not available**

---

2. CURRENT RECORD INFORMATION – DEBTOR NAME – INSERT ONLY **ONE** DEBTOR NAME (**2a OR 2b**)

2a. ORGANIZATION'S NAME			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS(S)	SUFFIX

3. CURRENT RECORD INFORMATION – SECURED PARTY NAME – INSERT ONLY **ONE** SECURED PARTY NAME (**3a OR 3b**)

3a. ORGANIZATION'S NAME			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS(S)	SUFFIX

4a. ☐ RECORD is inaccurate
Provide the basis for the belief of the person identified in item 6 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

4b. ☐ RECORD was wrongfully filed
Provide the basis for the belief of the person identified in item 6 that the RECORD identified in item 1 was wrongfully filed.

4c. ☐ RECORD FILED BY PERSON NOT ENTITLED TO DO SO
Provide the basis for the belief by the Secured Party of Record that the person that filed the RECORD identified in item 1 was not entitled to do so under UCC Section 9-509

---

5. If this INFORMATION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in s. 679.5011 F.S. and this INFORMATION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1b above was filed [or recorded].

5a. DATE	5b. TIME

---

6. NAME OF PERSON AUTHORIZING THE FILING OF THIS INFORMATION STATEMENT – the RECORD identified in item 1 must be indexed under this name

	6a. ORGANIZATION'S NAME			
Or	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS(S)	SUFFIX

STANDARD FORM – FORM UCC-5 (REVISED 06/2013)   **Filing Office Copy**   **Approved by the Secretary of State, State of Florida**