

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM – ADDITIONAL INFORMATION**

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

25a. ORGANIZATION'S NAME			
25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

26. ADDITIONAL COLLATERAL DESCRIPTION: