

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

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

18a. ORGANIZATION'S NAME			
18b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. MISCELLANEOUS:

20. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (20a OR 20b) – Do Not Abbreviate or Combine Names

20.a ORGANIZATION'S NAME				
20.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
20.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two		CITY	STATE	POSTAL CODE COUNTRY
20.d TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	20.e TYPE OF ORGANIZATION	20.f JURISDICTION OF ORGANIZATION	20.g ORGANIZATIONAL ID# <input type="checkbox"/> NONE

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (21a OR 21b) – Do Not Abbreviate or Combine Names

21.a ORGANIZATION'S NAME				
21.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
21.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two		CITY	STATE	POSTAL CODE COUNTRY
21.d TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	21.e TYPE OF ORGANIZATION	21.f JURISDICTION OF ORGANIZATION	21.g ORGANIZATIONAL ID# <input type="checkbox"/> NONE

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (22a OR 22b) – Do Not Abbreviate or Combine Names

22.a ORGANIZATION'S NAME				
22.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
22.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two		CITY	STATE	POSTAL CODE COUNTRY
22.d TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	22.e TYPE OF ORGANIZATION	22.f JURISDICTION OF ORGANIZATION	22.g ORGANIZATIONAL ID# <input type="checkbox"/> NONE

23. ADDITIONAL SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY (23a OR 23b)

23.a ORGANIZATION'S NAME				
23.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
23.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two		CITY	STATE	POSTAL CODE COUNTRY

24. ADDITIONAL SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY (24a OR 24b)

24.a ORGANIZATION'S NAME				
24.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
24.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two		CITY	STATE	POSTAL CODE COUNTRY