

**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 SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

26. ADDITIONAL COLLATERAL DESCRIPTION: