

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON

JEFFREY HEISEY; 9547900726

Email JWHMISSION@GMAIL.COM

B. SEND ACKNOWLEDGEMENT TO:

Name JEFF HEISEY

Address C/O JEFFREY WALTER HEISEY

Address 1314 EAST LAS OLAS BOULEVARD, #610

City/State/Zip FORT LAUDERDALE, FL 33301-2334

Florida Secured Transaction Registry

FILED

2014 Feb 27 05:16 PM

***** 201400825162 *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names

1a. ORGANIZATION'S NAME

JEFFREY WALTER HEISEY

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS Line One

1314 EAST LAS OLAS BOULEVARD #610

This space not available.

MAILING ADDRESS Line Two

CITY

FORT LAUDERDALE

STATE

FL

POSTAL CODE

33301-2334

COUNTRY

US

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS Line One

This space not available.

MAILING ADDRESS Line Two

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME

HEISEY JEFFREY WALTER

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS Line One

GENERAL POST-OFFICE

This space not available.

MAILING ADDRESS Line Two

WEST OAKLAND PARK BOULEVARD - 1900

CITY

FORT LAUDERDALE

STATE

POSTAL CODE

UM-99

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

U.S. Securities and Exchange Commission Registration File #001-36314 also including all security entitlement and commercial interest under the trade name, JEFFREY WALTER HEISEY; and related tradestyle uses of the name.

5. ALTERNATE DESIGNATION (if applicable)

☐ LESSEE/LESSOR

☐ CONSIGNEE/CONSIGNOR

☒ BAILEE/BAILOR

☐ AG LIEN

☐ NON-UCC FILING

☐ SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

☐ All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

☒ Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA

STANDARD FORM - FORM UCC-1 (REV.05/2013)

Filing Office Copy

Approved by the Secretary of State, State of Florida