

Uniform Commercial Code
P.O. Box 13193
Austin, Texas 78711-3193



John Steen
Secretary of State

Office of the Secretary of State
Packing Slip

October 11, 2013
Page 1 of 1

Robert A McNeil
1302 Waugh Dr. # 498
Houston, TX 77019

Batch Number: 50876357

Batch Date: 10-10-2013

Client ID: 450919785

Return Method: Mail

Document Number	Document Detail	Number / Name	Page Count	Fee
508763570002	<u>Request for Search With Copies</u>	<u>MCNEIL ROBERT A</u>	2	\$17.00
			Total Fees:	\$17.00

Payment Type	Payment Status	Payment Reference	Amount	
Check	Received	14770159354	\$15.00	
			Total:	\$15.00

Total Amount Charged to Client Account: \$2.00
(Applies to documents or orders where Client Account is the payment method)

Note to Customers Paying by Client Account: This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon

User ID: LZUNIGA



Office of the Secretary of State

Texas UNIFORM COMMERCIAL CODE Debtor Search Certificate With Copy

Document Number: 508763570002

October 11, 2013

Requested Individual Debtor: ROBERT A MCNEIL

Requested City: Not Specified

Page 1 of 2

<u>Initial Filing Number</u>	<u>Filing Type</u>	<u>Filing Date</u>	<u>Filing Time</u>	<u>Lapse Date</u>	<u>Number of Pages</u>
08-0037862963	Financing Statement	11/24/2008	05:00 PM	11/24/2013	1
<u>Party Type</u>	<u>Party Name and Address</u>				
Debtor:	ROBERT MCNEIL, [REDACTED], FORNEY, TX, USA, 75126 - 746				
Secured Party:	BANK OF AMERICA, PO BOX 2759, JACKSONVILLE, FL, USA, 32203				

<u>Initial Filing Number</u>	<u>Filing Type</u>	<u>Filing Date</u>	<u>Filing Time</u>	<u>Lapse Date</u>	<u>Number of Pages</u>
13-0020846519	Financing Statement	07/01/2013	09:24 AM	07/01/2018	1
<u>Party Type</u>	<u>Party Name and Address</u>				
Debtor:	ROBERT A MCNEIL, [REDACTED], LUMBERTON, TX, USA, 73657				
Secured Party:	SHEFFIELD FINANCIAL, A DIVISION OF BRANCH BANKING AND TRUST COMPANY, PO BOX 1704, CLEMMONS, NC, USA, 27012				

Collateral Information:

THE FOLLOWING LISTED EQUIPMENT: MAKE:GRAVELY;MODEL:992203;VIN/SN:020063 ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED THAT IS FINANCED BY SHEFFIELD FINANCIAL.

Total Pages: 2

The undersigned, as Secretary of State of Texas, hereby certifies that the attached documents are true and correct reproductions of all available records now in my lawful custody and possession, as the same are filed in the Uniform Commercial Code Section of my office as of 10/09/2013 at 05:00 PM and which name the above debtor. My acceptance for filing and custody of these documents in no way confirms, denies, or implies validity, legal effect, or enforceability of the attached documents.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

08-0037862963

11/24/2008 05:00 PM

A. NAME and PHONE OF CONTACT AT FILER (optional)
 Pete Son (904) 987-1670

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Bank of America
 PO Box 2759
 Jacksonville, FL 32203



FILED

TEXAS SECRETARY OF STATE

SOS



237697240002

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

OR 1.b INDIVIDUAL'S LAST NAME
MCNEIL

FIRST NAME
KELEIGH

MIDDLE NAME SUFFIX

1c. MAILING ADDRESS

CITY
FORNEY

STATE POSTAL CODE COUNTRY
TX 75126-74 US

1d. TAX ID#: SSN OR EIN

ADD'L INFO RE 1e. TYPE OF ORGANIZATION
ORGANIZATION DEBTOR

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any
X NONE

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

OR 2b. INDIVIDUAL'S LAST NAME
MCNEIL

FIRST NAME
ROBERT

MIDDLE NAME SUFFIX

2c. MAILING ADDRESS

CITY
FORNEY

STATE POSTAL CODE COUNTRY
TX 75126-746 US

2d. TAX ID # SSN OR EIN

ADD'L INFO RE 2e. TYPE OF ORGANIZATION
ORGANIZATION DEBTOR

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any
X NONE

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

BANK OF AMERICA

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME SUFFIX

3c. MAILING ADDRESS

CITY
JACKSONVILLE

STATE POSTAL CODE COUNTRY
FL 32203 US

4. This FINANCING STATEMENT covers the following collateral:

U 2006 HURRICANE FUND GDYG26221506

U 2006 YAMAHA 225 1024221

U 2006 MFI TRAILER 4J2XDXW2361084761

U 2006 MFI TRAILER 4J2XDXW2361084761

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATES RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE]

All Debtor Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

59102018388012

11/4/2008 8:07:51 AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CT Lien Solutions
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2727 Allen Parkway Ste. 100 Houston, TX 77019 USA

FILING NUMBER: 13-0020846519
FILING DATE: 07/01/2013 09:24 AM
DOCUMENT NUMBER: 488017020001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MCNEIL	RHONDA	J		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	LUMBERTON	TX	73657	USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MCNEIL	ROBERT	A		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	LUMBERTON	TX	73657	USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR	Sheffield Financial, A Division of Branch Banking and Trust Company			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO Box 1704	Clemmons	NC	27012	USA

4. COLLATERAL: This financing statement covers the following collateral:
 THE FOLLOWING LISTED EQUIPMENT: Make:Gravelly;Model:992203;VIN/SN:020063 ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED THAT IS FINANCED BY SHEFFIELD FINANCIAL.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY



SECRETARY OF STATE
UNIFORM COMMERCIAL CODE
P.O. BOX 13193
AUSTIN, TEXAS 78711-3193

www.sos.state.tx.us

Robert A McNeil
1302 Waugh Dr. # 498
Houston, TX 77019

13 1METM# 7019

OFFICIAL BUSINESS
STATE OF TEXAS
PENALTY FOR PRIVATE USE

neopost
FIRST CLASS MAIL
AUTO

10/15/2013

US POSTAGE \$000.384



ZIP 78701
041L12203105

