

UCC-3 Form - Amendment

Original File Number: **201413529700** Original File Date: **2/18/2014 10:12:00 AM**

CONTACT INFORMATION

Contact name: **CENTURY FINANCE**
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City: **JONESBORO** State: **AR** ZIP: **72401** Country: **USA**
Notification Method: **E-MAIL** Email: **JENNY@CENTURYFINANCE.COM**

DEBTOR INFORMATION

Last Name: **PEREZ** First: **BILLY** Middle: **S.**
Mailing Address1: **30 NOTRE DAME STREET**
City: **CENTRAL FALLS** State: **RI** ZIP: **02863** Country: **USA**

Org. Name: **BMPS AND SON TRUCKING**
Mailing Address1: **30 NOTRE DAME STREET**
City: **CENTRAL FALLS** State: **RI** ZIP: **02863** Country: **USA**

Org. Name: **BMPS AND SON TRUCKING INC**
Mailing Address1: **30 NOTRE DAME ST**
City: **CENTRAL FALLS** State: **RI** ZIP: **02863** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **CENTURY FINANCE, LLC**
Mailing Address1: **1723 EXECUTIVE SQ**
City: **JONESBORO** State: **AR** ZIP: **72401** Country: **USA**

TRANSACTION TYPE: STANDARD

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