

UCC-1 Form

FILER INFORMATION

Full name: **INTERNATIONAL PROFESSIONAL SERVICES, INC** *Phone:* **5167063606**

CONTACT INFORMATION

Contact name: **INTERNATIONAL PROFESSIONAL SERVICES, INC**

Street #1: **10 HARBOR PARK DRIVE**

City: **PORT WASHINGTON** *State:* **NY** *ZIP:* **11050** *Country:* **USA**

Notification Method: **E-MAIL** *Email:* **PSERLUCO@PSCNY.US**

DEBTOR INFORMATION

Last Name: **ROY** *First:* **RYAN**

Mailing Address1: **16 BLUE JAY LANE**

City: **BRIDGTON** *State:* **ME** *ZIP:* **04009** *Country:* **USA**

Org. Name: **B&L MECHANICAL, LLC**

Mailing Address1: **25 VILLA NOVA**

Mailing Address2: **ST #4**

City: **WOONSOCKET** *State:* **RI** *ZIP:* **02895** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **NULOOK CAPITAL LLC**

Mailing Address1: **5550 MERRICK ROAD**

Mailing Address2: **SUITE 203**

City: **MASSAPEQUA** *State:* **NY** *ZIP:* **11759** *Country:* **USA**

TRANSACTION TYPE: **PUBLIC FINANCE**

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

All of Debtor’s assets and personal property and all of Debtor’s interest in said assets and personal property now owned and hereafter acquired now existing and hereafter arising and wherever located.