

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: DR. MICHAEL C. SOUZA, INC.

Mailing Address: 1275 WAMPANOAG TRL

City, State Zip Country: RIVERSIDE, RI 02915 USA

SECURED PARTY INFORMATION

Org. Name: AMERIS BANK D/B/A BALBOA CAPITAL

Mailing Address: 575 ANTON BLVD FL 12

City, State Zip Country: COSTA MESA, CA 92626 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2869 29317

COLLATERAL

ONE (1) SYLFIRMX, S/N: VFXXC02394; TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, ADDITIONS, ACCESSIONS, PARTS AND SUPPLIES, AND ANY REPLACEMENTS THEREOF, INSTALLED IN, AFFIXED TO, OR USED IN CONNECTION WITH SAID PROPERTY AND ALL PROCEEDS OF SAID PROPERTY.