

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610797

1. Entity Name

BIE-SEL, INCORPORATED

Principal Place of Business

5705 CLIFTON AVE
JACKSONVILLE FL 32211

Mailing Address

5705 CLIFTON AVE
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1974761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYLE, W. BENJAMIN
1248 W. EDGEWOOD AVENUE
JACKSONVILLE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	BEIGHLEY, PAMELA	
STREET ADDRESS	378 NORTH UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEIGHLEY, ILA	
STREET ADDRESS	5705 CLIFTON AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEIGHLEY III, SIDNEY L	
STREET ADDRESS	67 STAMFORD AVE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEIGHLEY, SIDNEY L, III	
STREET ADDRESS	67 STAMFORD AVE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILA S. BEIGHLEY President
ILA S. Beighley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 (904) 224-7596
Date Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90085 004 ***150.00

C0040697



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)