FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90006 004 ***150.00

DOCUMENT # L07797

1. Entity Name 59-1974761
BEI SEL, INC

DO NOT WRITE IN THIS SPACE

40039663
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5705 Clifton Ave	5705 Clifton Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32211 Country: USA	Zip: 32211 Country: USA

4. FEI Number: 59-1974761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~WALTER KYLE~~ IIA S. BEIGHLEY
Street Address (P.O. Box Number is Not Acceptable): 5705 Clifton Ave
City: Jacksonville FL Zip Code: 32211

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Ila S. Beighley IIA S. BEIGHLEY 3/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT	TITLE:
NAME: IIA S. BEIGHLEY	NAME:
STREET ADDRESS: 5705 Clifton Ave	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, FL 32211	CITY-ST-ZIP:
TITLE: VICE PRESIDENT	TITLE:
NAME: Pamela T. Beighley	NAME:
STREET ADDRESS: 328 N. University Blvd	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville FL 32211	CITY-ST-ZIP:
TITLE: SECRETARY/TREASURER	TITLE:
NAME: Sidney L. Beighley III	NAME:
STREET ADDRESS: 67 Stamford Ave	STREET ADDRESS:
CITY-ST-ZIP: Stamford, CT 06902	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ila S. Beighley 3-15-07 (904)724-7596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
IIA S. BEIGHLEY