

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31820

1. Entity Name

STEL AND FRIENDS, INC.

FILED

May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90084 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2614 1ST AVENUE  
HUNTINGTON WV 25702

2614 1ST AVENUE  
HUNTINGTON WV 25702

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

59-2969753

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

WALTON, ALICE  
9497 LEM TURNER ROAD  
JACKSONVILLE FL 32208

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME WHITEHEAD, ESTELLA W  
STREET ADDRESS 2614 1ST AVENUE  
CITY-ST-ZIP HUNTINGTON WV 25702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WHITEHEAD, BARUCH J  
STREET ADDRESS 2614 1ST AVENUE  
CITY-ST-ZIP HUNTINGTON WV 25702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SMITH, LOVETTA  
STREET ADDRESS 4408 NW 44TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALTON, FELICIA A  
STREET ADDRESS 6355 MOSE AVENUE #705  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALTON, JAMES A  
STREET ADDRESS 6734 RHODE ISLAND DR W  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALTON, ALICE  
STREET ADDRESS 6355 MORSE AVE #705  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ESTELLA W WHITEHEAD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (304) 529-7609  
Date Daytime Phone #

CR2E037 (9/01)