

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90265 004 ***150.00

DOCUMENT # F99000003323

1. Entity Name

SELLETHICS MARKETING GROUP, INC.

Principal Place of Business

**941 MATTHEWS-MINT HILL RD.
MATTHEWS NC 28105**

Mailing Address

**941 MATTHEWS-MINT HILL RD.
MATTHEWS NC 28105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2119424

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TREADWELL, ED
ROUTE 3 BOX 420
BONIFAY FL 32425**

7. Name and Address of New Registered Agent

Name

Gregory Helms

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

517 North Lakewood Run Dr.

City

Ponte Verde Beach

FL

Zip Code

32082

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

Gregory Helms

Gregory Helms

4/22/02

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, 2002 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

TITLE ☐ Delete
NAME **CP BARHAM, JOEL**
STREET ADDRESS **941 MATTHEWS MINT HILL ROAD**
CITY-ST-ZIP **MATTHEWS NC 28105**

TITLE ☐ Delete
NAME **VCVP HENSLEY, JEFF**
STREET ADDRESS **941 MATTHEWS MINT HILL ROAD**
CITY-ST-ZIP **MATTHEWS NC 28105**

TITLE ☐ Delete
NAME **MASON, WENDY**
STREET ADDRESS **941 MATTHEWS MINT HILL ROAD**
CITY-ST-ZIP **MATTHEWS NC 28105**

TITLE ☐ Delete
NAME **S CORBETT, HOBERT**
STREET ADDRESS **941 MATTHEWS MINT HILL ROAD**
CITY-ST-ZIP **MATTHEWS NC 28105**

TITLE ☐ Delete
NAME **VP MANN, JOHN**
STREET ADDRESS **941 MATTHEWS MINT HILL ROAD**
CITY-ST-ZIP **MATTHEWS NC 28105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Joel Barham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 704-847-

Date Daytime Phone #

CR2E034 (9/01)