

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90074 021 ***558.75

DOCUMENT # F99000003323

1. Entity Name
SELLETHICS MARKETING GROUP, INC.

Principal Place of Business 10810 INDEPENDENCE POINTE PARKWAY, STE A MATTHEWS NC 28105	Mailing Address 10810 INDEPENDENCE POINTE PARKWAY, STE A MATTHEWS NC 28105-1754
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 56-2119424	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREADWELL, ED
ROUTE 3 BOX 420
BONIFAY FL 32425

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 CP <input type="checkbox"/> Delete	NAME BARHAM, JOEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10810 INDEPENDENCE POINTE PARKWAY, STE A	CITY-ST-ZIP MATTHEWS NC 28105	STREET ADDRESS	
TITLE VCVP <input type="checkbox"/> Delete	NAME HENSLEY, JEFF	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10810 INDEPENDENCE POINTE PARKWAY, STE A	CITY-ST-ZIP MATTHEWS NC 28105	STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME MASON, WENDY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10810 INDEPENDENCE POINTE PARKWAY, STE A	CITY-ST-ZIP MATTHEWS NC 28105	STREET ADDRESS	
TITLE S <input type="checkbox"/> Delete	NAME CORBETT, HOBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10810 INDEPENDENCE POINTE PARKWAY, STE A	CITY-ST-ZIP MATTHEWS NC 28105	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS VP John Mann 10810 Independence Pointe Pkwy, Suite A Matthews, NC 28105	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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 Date: 5/1/00 Daytime Phone #: 704-847-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)