

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90065 039 ***150.00

DOCUMENT # F99000003323

1. Entity Name
SELLETHICS MARKETING GROUP, INC.

Principal Place of Business Mailing Address
941 MATTHEWS-MINT HILL RD. **941 MATTHEWS-MINT HILL RD.**
MATTHEWS NC 28105 **MATTHEWS NC 28105**

010412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 56-2119424	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BARHAM, JOEL 10810 INDEPENDENCE POINTE PARKWAY, STE A MATTHEWS NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>941 Matthews - Mint Hill Rd. Matthews, NC 28105</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP HENSLEY, JEFF 10810 INDEPENDENCE POINTE PARKWAY, STE A MATTHEWS NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, WENDY 10810 INDEPENDENCE POINTE PARKWAY, STE A MATTHEWS NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBETT, HOBERT 10810 INDEPENDENCE POINTE PARKWAY, STE A MATTHEWS NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANN, JOHN 10810 INDEPENDENCE POINTE PKWY, SUITE A MATTHEWS NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 J. Barham / Joel J. Barham 4/25/01 704-847-4450
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)