

2002 UNIFORM BUSINESS REPORT (UBR)

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

04/13/02 AI

DOCUMENT # F99000003323

1. Entity Name
SELLETHICS MARKETING GROUP, INC.

04-22-2002 90265 004 ***150.00

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



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 Applied For
56-2119424 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CR	<input type="checkbox"/> Delete
NAME	BARHAM, JOEL	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	HENSLEY, JEFF	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, WENDY	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORBETT, HOBERT	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANN, JOHN	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)