

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90150 017 \*\*\*150.00

DOCUMENT # P00000068693

1. Entity Name  
ETHNIC ARTS, INC.



Principal Place of Business  
3525 W. CAMPBELL RD.  
LAKELAND FL 33810

Mailing Address  
3525 W. CAMPBELL RD.  
LAKELAND FL 33810

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 59-3671239

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

PINKSTON, GALE B ESQ.  
3525 W. CAMPBELL RD.  
LAKELAND FL 33810

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gale B. Pinkston*

GALE B. PINKSTON, PRESIDENT

February 24, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME PINKSTON, GALE  
STREET ADDRESS 3525 W. CAMPBELL RD.  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

TITLE D  
NAME HICKS, GLENDA  
STREET ADDRESS 3525 W. CAMPBELL RD.  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

TITLE D  
NAME FUQUA, RONDA  
STREET ADDRESS 3525 W. CAMPBELL RD.  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

TITLE D  
NAME PINKSTON, BRYAN  
STREET ADDRESS 3525 W. CAMPBELL RD.  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

TITLE D  
NAME PINKSTON, JOSEIF  
STREET ADDRESS 3525 W. CAMPBELL RD.  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

TITLE D  
NAME POWELL, PALEMECHIA  
STREET ADDRESS 3525 W. CAMPBELL RD.  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

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 607, 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:

*Gale B. Pinkston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2003 (813) 752-1335

Date

Daytime Phone #

CR2E034 (10/02)