

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90036 044 ****61.25

DOCUMENT # **N00000001772**

1. Entity Name
Floridians for Fairness, INC.

976907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2895 Bayshore Trails Dr

3. Mailing Address
PO Box 10245

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tallahassee, FL

4. FEI Number
59-3668442

Applied For
Not Applicable

Zip
33611

Country
Hillsborough

Zip
32302

Country
LEON

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **TODD JOSKO**

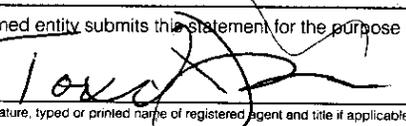
Street Address (P.O. Box Number is Not Acceptable)
2895 Bayshore Trails Dr

City
Tampa

FL

Zip Code
33611

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
8/21/02

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

**Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DCP TODD JOSKO 2895 Bayshore Trails Dr Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC George Fink 918 Tyler St. Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Catherine Johnson 10481 N.W. 51st Coral Springs, FL 33076
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **8/6/02** DAYTIME PHONE #: **(813) 839-0150**

CR2E034B (12/01)