

**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.

DO NOT WRITE IN THIS SPACE

976907

2. Principal Place of Business

2895 Bayshore Trails Dr

3. Mailing Address

PO Box 10245

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**

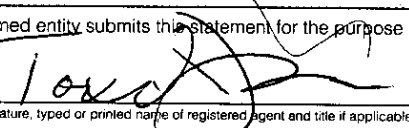
FL

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



(NOTE: Registered Agent signature required when reinstating)

8/21/02

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
**DGP
TODD JOSKO
2895 Bayshore Trails Dr
Tampa, FL 33611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
George Fink
918 Tyler St.
Hollywood, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
Catherine Johnson
10481 N.W. 51st
Coral Springs, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other line empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/02 (813) 839-0150

Date

Daytime Phone #

CR2E034B (12/01)