

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001772

FILED
Feb 22, 2003
Secretary of State

Entity Name: FLORIDIANS FOR FAIRNESS, INC.

Current Principal Place of Business:

2895 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

PO BOX 10245
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3668442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSKO, TODD
2895 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: JOSKO, TODD
Address: 2895 BAYSHORE TRAILS DRIVE
City-St-Zip: TAMPA, FL 33611

Title: DVC () Delete
Name: FINK, GEORGE
Address: 918 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: DST () Delete
Name: JOHNSON, CATHERINE
Address: 10481 N.W. 51 ST.
City-St-Zip: CORLA SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD JOSKO

DCP

02/22/2003

Electronic Signature of Signing Officer or Director

Date