

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90203 021 ***150.00

0524026 AV

DOCUMENT # L64261

1. Entity Name
F. FOREIGNER, INC.



Principal Place of Business
**POST OFFICE BOX 667
BOKEELIA FL 33922**

Mailing Address
**POST OFFICE BOX 667
BOKEELIA FL 33922**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DELORENI, RAUL
POST OFFICE BOX 667
BOKEELIA FL 33922**

4. FEI Number **49-2440314**
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name **ESUCINA ESCOTO LOPEZ**
Street Address (P.O. Box Number is Not Acceptable) **3832 STABILE RD**
City **ST. JAMES CITY FL** FL Zip Code **33966**

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 *Paul de Loreni* *Escoto Lopez*
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

TITLE	P <input type="checkbox"/> Delete
NAME	DELORENZI, RAUL
STREET ADDRESS	POST OFFICE BOX 667
CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	ESUCINA ESCOTO LOPEZ <input type="checkbox"/> Delete
NAME	ESUCINA ESCOTO LOPEZ
STREET ADDRESS	P.O. BOX 667
CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	W:P <input type="checkbox"/> Delete
NAME	STIVE HILL
STREET ADDRESS	PO BOX 667
CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Paul de Loreni* *Escoto Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-2003** Daytime Phone #

CP2E034 (10/02)