

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

DOCUMENT # P02000004454

1. Entity Name

Volunteer Investment Properties, Inc.



**FILED**

**Mar 17, 2003 8:00 am  
Secretary of State**

03-17-2003 90463 021 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1023 Egret Circle N.

Suite, Apt. #, etc.

3. Mailing Address

1023 Egret Circle N.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip 33458

Country USA

Zip 33458

Country USA

4. FEI Number

01-0588985

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Laura A. Fowler, President

Street Address (P.O. Box Number is Not Acceptable)

1023 Egret Circle N.

City

Jupiter

FL

Zip Code 33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Laura A. Fowler  
1023 Egret Circle N.  
Jupiter, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Brian Fowler  
1023 Egret Circle N.  
Jupiter, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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Laura A. Fowler  
1023 Egret Circle N.  
Jupiter, FL 33458

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

SIGNATURE:

*Laura A. Fowler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

561-694-4260

Date

Daytime Phone #

CR2E034B (12/02)