

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000858

1. Entity Name
FIELDS OF DREAMS, LTD.



FILED

03 APR 30 AM 5:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MDH

Principal Place of Business
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

Mailing Address
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-063249

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEINE, CHRIS
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Cheryl Y. Perry

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

City

FL

Zip Code

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.

Cheryl Y. Perry

4/17/03

DATE

9. Capital Contributions
as Shown on record.

\$3,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000103016
NAME C.H. CONSULTING, INC.
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

DOCUMENT #
NAME SILAS, BILLY
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

DOCUMENT #
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CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Chris A. Heine

4/17/03

(561) 684-7500 X212

CR2E003 (10/02)

001911 AT

STAPLE CHECK HERE