

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90071 034 \*\*\*150.00

**DOCUMENT # P99000052652**

1. Entity Name

**WINDOWS & BEYOND BY SANDY, INC.**

Principal Place of Business

6158 SW STATE RD. 200. SHOPS OF JASMINE.  
 SUITE 204  
 OCALA FL 34476

Mailing Address

6158 SW STATE RD. 200. SHOPS OF JASMINE.  
 SUITE 204  
 OCALA FL 34476

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

59-358-1600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FUTCH, R. WILLIAM**  
**500 NE 8TH AVE.**  
**OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	D	NAME	SCOTT, SANDRA L	STREET ADDRESS	8008 NW 31ST AVE.	CITY-ST-ZIP	GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE	D	NAME	SCOTT, LUTHER JR.	STREET ADDRESS	P. O. BOX 182	CITY-ST-ZIP	REDDICK FL 32663	<input type="checkbox"/> Delete
TITLE	D	NAME	SMITH, LATARISHA	STREET ADDRESS	8008 NW 31ST AVE.	CITY-ST-ZIP	GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE	D	NAME	SCOTT, DEMETRIA	STREET ADDRESS	12106 H. ELM FOREST WAY	CITY-ST-ZIP	FAIRFAX VA 22204	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)