

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90138 014 \*\*\*400.00

0692721  
FP

**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

☐ CHECK HERE IF MAKING CHANGES



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. 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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCOTT, SANDRA L** ☐ Delete  
**8008 NW 31ST AVE.**  
**GAINESVILLE FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCOTT, LUTHER JR.** ☐ Delete  
**P. O. BOX 182**  
**REDDICK FL 32663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SMITH, LATARISHA** ☐ Delete  
**8008 NW 31ST AVE.**  
**GAINESVILLE FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCOTT, DEMETRIA** ☐ Delete  
**12106 H. ELM FOREST WAY**  
**FAIRFAX VA 22204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Scott, Sandra L.** ☐ Change ☐ Addition  
**P. O. Box 182**  
**Lowell, FL 32663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Scott, Luther Scott Jr** ☐ Change ☐ Addition  
**P. O. Box 182**  
**Lowell, FL 32663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Smith La Tarisha** ☐ Change ☐ Addition  
**19405-Via Del mar # 212**  
**Tampa, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Sandra L. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/20/03 352-861-2155**  
Date Daytime Phone #

CR2E034 (10/02)