

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90045 005 ***550.00

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DOCUMENT # F00000004271

1. Entity Name
SPATIAL NETWORKS, INC.



Principal Place of Business
**2119 EGRET DRIVE
CLEARWATER FL 33764**

Mailing Address
**2119 EGRET DRIVE
CLEARWATER FL 33764**



2. Principal Place of Business
18860 US Hwy 19 N

3. Mailing Address
18860 US Hwy 19 N

Suite, Apt. #, etc.
Suite 153

Suite, Apt. #, etc.
Suite 153

CHECK HERE IF MAKING CHANGES

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number **59-3654825**

Applied For
 Not Applicable

Zip **33764** Country **USA**

Zip **33764** Country **USA**

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

6. Name and Address of Current Registered Agent

**QUARTARARO, ANTHONY J III
2119 EGRET DRIVE
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **QUARTARARO ANTHONY J III**
Street Address (P.O. Box Number is Not Acceptable)
18860 US Hwy 19 N
Suite 153
City **Clearwater** FL Zip Code **33764**

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

DATE **7/2/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	QUARTARARO, ANTHONY J III	2119 EGRET DRIVE	CLEARWATER FL 33764	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/2/03** 727-538-0545
Daytime Phone #

CR2E034 (4/03)