** AMENDED UBR REPORT !

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

A - FILED
03 MAY 29 AM 11:40
04-28-2003 91515.045 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097421

1. Entity Name
SPATIAL SOLUTIONS INC.

Principal Place of Business	Mailing Address
201 MIRACLE STRIP PARKWAY SE, SUITE C FT WALTON BEACH, FL 32548	201 MIRACLE STRIP PARKWAY SE, SUITE C FT WALTON BEACH, FL 32548

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
210 CREWILLA DRIVE	210 CREWILLA DRIVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: FORT WALTON BEACH, FL	City & State: FORT WALTON BEACH, FL
Zip: 32548 Country: OKALOOSA	Zip: 32548 Country: OKALOOSA

4. FEI Number: 59-3698705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBERT, BRIAN J 201 MIRACLE STRIP PARKWAY SE, SUITE C FT WALTON BEACH, FL 32548	Name: BRIAN J. LAMBERT Street Address (P.O. Box Number Is Not Acceptable): 210 CREWILLA DRIVE City: FORT WALTON BEACH FL Zip Code: 32548

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] PRESIDENT 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBERT, BRIAN J 210 CREWILLA FT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN MATER, BLINN 11 BAY DR SE FT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JAMIE B. LIVINGSTON 12416 175TH ROAD N. JUPITER FARMS, FL 33478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/30/29	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] 4/22/03 850-243-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #