

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90093 048 ***150.00

DOCUMENT # J68279

1. Entity Name
MCDASH ANALYTICS, INC.



Principal Place of Business
~~13000 Sawgrass Village Circle~~
~~225 WATER ST.~~
~~JACKSONVILLE FL 32202~~
13000 Sawgrass Village Circle
Ponte Vedra, FL 32082

Mailing Address
~~13000 Sawgrass Village Circle~~
~~225 WATER ST.~~
~~JACKSONVILLE FL 32202~~
13000 Sawgrass Village Circle
Ponte Vedra, FL 32082

70025185



2. Principal Place of Business
13000 Sawgrass Village Circle
Suite, Apt. #, etc.
Suite 27
City & State
Ponte Vedra, FL
Zip
32082
Country
U.S.

Mailing Address
13000 Sawgrass Village Circle
Suite, Apt. #, etc.
Suite 27
City & State
Ponte Vedra, FL
Zip
32082
Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2816234
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~RIDGE, GEORGE E~~
225 WATER ST.
SUITE 900
JACKSONVILLE FL 32202
Crawford, John R

7. Name and Address of New Registered Agent

Name John R Crawford
Street Address (P.O. Box Number is Not Acceptable)
225 Water St. Suite 900
City Jacksonville FL Zip Code 32202

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 John R. Crawford 3/4/03
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	Delete
	DPS POSZGAI, DALE G.	1601 SOUTH OCEAN DRIVE, #106	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	VM John Schnitzius	11204 Millington Ct	Jacksonville, FL 32246	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	C Ted Jados	1601 Arapahoe Street, 9th Floor	Denver, CO 80202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VC D. Christian Osborn	845 South Ellipse Way	Denver, CO 80209	<input type="checkbox"/>	<input checked="" 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: John Schnitzius 3/3/03 1-904-285-6220
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)