

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

1. Entity Name

000000 95576

Conclusive.com Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

427 Emerson St.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5694

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32207

Country

USA

Zip

32247

Country

USA

4. FEI Number

593659402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rhamon Williams

Street Address (P.O. Box Number is Not Acceptable)

1703 W. Watrous Ave.

City

Tampa

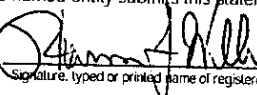
FL

Zip Code

33606

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



Rhamon Williams

10/24/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTM  
Rhamon Williams  
1703 W. Watrous Ave  
Tampa, FL. 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

9000008642819  
10/29/02--01022--003 \*\*150.00

TITLE  
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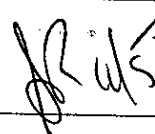
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IN THIS SPACE**



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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Rhamon Williams

10/24/02

N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



P.O. Box 5694, Jacksonville, FL 32247

Tel. (904) 306-0321 \* Fax (904) 306-0212

E-mail: [concluesive@concluesive.com](mailto:concluesive@concluesive.com)

October 24, 2002

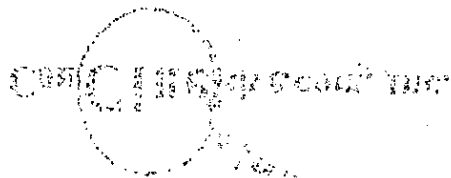
To Whom It May Concern:

In accordance with instructions given from your office, this letter is to inform you that our office did not receive any notice or letters from your office in regards to our UBR.

Thank you please find our enclosed form and payment

Sincerely,

ConCluesive.com, Inc.



P.O. Box 5694, Jacksonville, FL 32247  
Tel. (904) 306-0321 \* Fax (904) 306-0212  
E-mail: [concluesive@concluesive.com](mailto:concluesive@concluesive.com)