

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852177

1. Entity Name

PAUL BROOKER SALES INTERNATIONAL, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90130 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
815 NORTH WACO  
P.O. BOX 1465  
WICHITA KS 67203-3939  
US

Mailing Address  
815 NORTH WACO  
P.O. BOX 1465  
WICHITA KS 67203-3939  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2246605**

Applied For  
Not Applicable

Zip Country  
SEDOGWICK

Zip Country  
SEDOGWICK

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROOKER, PAUL K.	
STREET ADDRESS	912 ST. JAMES	
CITY-ST-ZIP	WICHITA KS	DECEASED 01.15.2000
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, RITA A	
STREET ADDRESS	2021 PARKRIDGE CT	
CITY-ST-ZIP	WICHITA KS 67212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT, SECRETARY, TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA A JACOBS	
STREET ADDRESS	2021 PARKRIDGE CT.	
CITY-ST-ZIP	WICHITA, KS 67212	
TITLE	VICE-PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLY E. LONG, JR.	
STREET ADDRESS	1923 E. 52ND STREET SOUTH	
CITY-ST-ZIP	WICHITA, KS 67216	
TITLE	VICE-PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED FOX	
STREET ADDRESS	1415 N. WESTLUND #403	
CITY-ST-ZIP	WICHITA, KS 67212-1890	
TITLE	VICE-PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER D. HUGHEY	
STREET ADDRESS	SUITE 600, 155 N. MARKET	
CITY-ST-ZIP	WICHITA, KS 67201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Rita A. Jacobs RITA A. JACOBS

3/8/00

316-262-7258

Date Daytime Phone #

CR2E034 (9/99)