

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852177

1. Entity Name

PAUL BROOKER SALES INTERNATIONAL, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 040 ***150.00

Principal Place of Business

Mailing Address

~~915 NORTH WACO~~
P.O. BOX 1465
WICHITA KS ~~67203-3939~~
US 67201-1465

~~915 NORTH WACO~~
P.O. BOX 1465
WICHITA KS ~~67203-3939~~
US 67201-1465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1465

P.O. BOX 1465

City & State

City & State

WICHITA, KS

WICHITA, KS

Zip

Country

Zip

Country

67201-1465

USA

67201-1465

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2246605

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

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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PS ☐ Delete
NAME JACOBS, RITA
STREET ADDRESS 2021 PARKRIDGE CT.
CITY-ST-ZIP WICHITA KS 67212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LONG, BILLY E JR
STREET ADDRESS 1923 E. 52ND STREET SOUTH
CITY-ST-ZIP WICHITA KS 67216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VPD~~ ☒ Delete
NAME FOX, FRED
STREET ADDRESS 1415 N. WESTLYNN #403
CITY-ST-ZIP WICHITA KS 67212-1890

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME HUGHEY, ROGER D
STREET ADDRESS SUITE 600 155 N. MARKET
CITY-ST-ZIP WICHITA KS 67201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BAIRD, KURTZ & DOBSON
125 N. Market Suite 1300

CR2E034 (10/00)