

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90401 044 \*\*\*150.00

**DOCUMENT # 852177**

1. Entity Name

**PAUL BROOKER SALES INTERNATIONAL, INC.**

Principal Place of Business

P.O. BOX 1465  
 WICHITA KS 67203-9939  
 US 67201-1465

Mailing Address

P.O. BOX 1465  
 WICHITA KS 67203-9939  
 US 67201-1465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1465

Suite, Apt. #, etc.

P.O. Box 1465

City & State

Wichita, KS

City & State

Wichita, KS

Zip

67201-1465

Country

USA

Zip

67201-1465

Country

USA

6. Name and Address of Current Registered Agent

4. FEI Number

36-2246605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**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, 2002 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  
 NAME JACOBS, RITA  
 STREET ADDRESS 2021 PARKRIDGE CT.  
 CITY-ST-ZIP WICHITA KS 67212 ☐ Delete

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

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

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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* 4-12-02 316.262.7258  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)