## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P17631 **DOCUMENT#**

1. Entity Name

M & E INSTALLERS, INC.

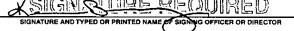


## **FILED** Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90965 001 \*\*\*300.00

						1	ı					
Principal Place 9301 OLIVE B		S	9301	ng Address OLIVE BLVD. OUIS MO 63132								
SI. LOUIS MI	0 03132		31. L	OUIS MO 63132								
2. Principal f	Place of Busin	ness	3. Ma	iling Address				#		iii <b>bibii bibii</b> i		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 43-1262683			Applied For Not Applicable	
Zip Country			Zip		try					75 Additional Required		
6. Name and Address of Current Registered Agent					-		7.	Name and Address of New Ro	egistered /	gent	······································	
						Name			<del>.</del>	~		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)						
_	ON FL 333											
•						City	· FL				Zip Code	
	e named entit tions of regist		t for the purp	ose of changing its	register	ed office or regist	tered ag	ent, or both, in the State of Flor	ida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if app	slicable. (NOT	E: Registere	d Agent signature requi	red when re	einstating)	DATE		<del></del> .	
F	II E NOW!!	! FEE IS \$150.00										
Afte	r May 1, 200	3 Fee will be \$550.0 Florida Department						9. Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.	<del></del>	OFFICERS AN	ID DIRECTO	RS	11.		AC	L DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	Р			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	WIGGORS,				NAM							
STREET ADDRESS	9301 OLIV					ET ADDRESS						
CITY-ST-ZIP	<del> </del>	JIS MO 63122			CITY	ST-ZIP						
TITLE	S			☐ Delete	TITLE					Change	Addition	
NAME	BROPHY, I				NAM							
STREET ADORESS CITY-ST-ZIP	9301 OLIV					ET ADDRESS ST-ZIP						
	SAINT LUC	JIS MO 63132				2.2						
TITLE		· -		☐ Delete	TITLE					Change	Addition	
NAME Street address					NAM	T ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE				Delete	TITLE					☐ Change	Addition	
NAME				Delete	NAME					Onlings		
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME					NAME							
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
IAME	ļ				NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						

12. I hereby certify that the information supplied with this filling 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: \_



(314) 995-2227