

F96000000578

Address
City/State/Zip
Phone #

100001706501
-02/05/96--01059--024
*****78.50 *****70.50
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Universal Consolidated Services, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:30 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

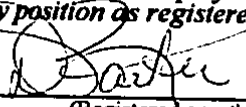
REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED RECEIVED
96 FEB-5 PM 1:27
96 FEB-5 PM 12:12
SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Universal Consolidated Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Louisiana
(State or country under the law of which it is incorporated)
3. 72-1208410
(FEI number, if applicable)
4. February 20, 1992
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Have not begun business transactions in Florida
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 4949 Bullard Avenue
New Orleans, Louisiana 70126
(Current mailing address)
8. Provide Temporary Personnel
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)**
Name: Accurate Filing & Search Service, Inc.
Office Address: 3424-18 Old St. Augustine Road
Tallahassee, Florida, 32311
(Zip Code)
10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
96 FEB -5 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Joseph C. Wink, Jr.

Address: 130 Turnberry Drive New Orleans, Louisiana 70128

Vice Chairman: _____

Address: _____

Director: Larry D. Wink

Address: 6918 Mayo Boulevard New Orleans, Louisiana 70126

Director: Kenneth J. Wink

Address: 6347 Catina Street New Orleans, Louisiana 70124

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: John Saladino, Jr.

Address: 141 Pinehurst Ct. New Orleans, La. 70128

Vice President: Stanton C. Vignes

Address: 6141 Canal Blvd. New Orleans, La. 70124

Secretary: Ann S. Wink *

Address: 130 Turnberry Drive New Orleans, Louisiana 70128

Treasurer: Ann S. Wink

Address: 130 Turnberry Dr. New Orleans, La. 70128

* Also a Member of the Board of Directors

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Joseph C. Wink, Jr., Chairman of the Board

(Typed or printed name and capacity of person signing application)

FILED
FEB -5 PM 1:27
RECEIVED
ALLAHAMASSE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael H. Wink

Address: 6625 Elysian Fields Avenue New Orleans, Louisiana 70122

Director: Michelle Wink Vignes

Address: 6141 Canal Boulevard New Orleans, Louisiana 70124

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph C. Wink, Jr. Chairman of the Board
(Typed or printed name and capacity of person signing application)

FILED
96 FEB -5 PM 1:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joseph C. Wink, III

Address: 5864 Marshall Foch Street New Orleans, Louisiana 70124

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

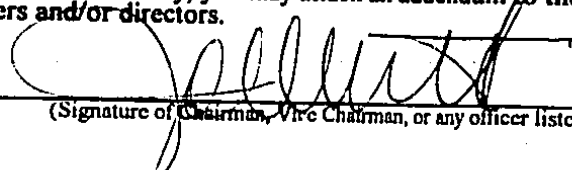
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph C. Wink, Jr., Chairman of the Board
(Typed or printed name and capacity of person signing application)

FILED
96 FEB -5 PM 1 27
SECRET
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
State of Louisiana

Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
UNIVERSAL CONSOLIDATED SERVICES, INC.

A Louisiana corporation domiciled at New Orleans,

Filed charter and qualified to do business in this State on
February 20, 1992,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended
reflect the financial condition of this corporation since
this information is not available from the records of the
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

January 5, 1996

Jox McKeithen

JCO

Secretary of State



FILED
96 FEB -5 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA