

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90085 004 ***150.00

DOCUMENT # F96000000578

1. Corporation Name

UNIVERSAL CONSOLIDATED SERVICES, INC.

Principal Place of Business

4949 BULLARD AVE
NEW ORLEANS LA 70126

Mailing Address

4949 BULLARD AVE
NEW ORLEANS LA 70126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

72-1208410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ACCURATE FILING & SEARCH SERVICES, INC.
3424-18 OLD ST AUGUSTINE RD.
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	VIGNES, MICHELE W.	
STREET ADDRESS	6141 CANAL BLVD	
CITY-ST-ZIP	NEW ORLEANS LA 70124	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VIGNES, STANTON C	
STREET ADDRESS	6141 CANAL BLVD.	
CITY-ST-ZIP	NEW ORLEANS LA 70124	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WINK, ANN S	
STREET ADDRESS	130 TURNBERRY DR.	
CITY-ST-ZIP	NEW ORLEANS LA 70128	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WINK, JOSEPH C JR	
STREET ADDRESS	130 TURNBERRY DR.	
CITY-ST-ZIP	NEW ORLEANS LA 70128	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINK, LARRY D	
STREET ADDRESS	121 TURNBERRY DR	
CITY-ST-ZIP	NEW ORLEANS LA 70128	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINK, KENNETH J	
STREET ADDRESS	6228 CANAL BLVD	
CITY-ST-ZIP	NEW ORLEANS LA 70124	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wink, Joseph C. III	
1.3 STREET ADDRESS	5804 Marshall/Foch	
1.4 CITY-ST-ZIP	New Orleans, LA 70124	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wink, Michael	
2.3 STREET ADDRESS	4225 Elysian Fields Ave.	
2.4 CITY-ST-ZIP	New Orleans, LA 70122	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)