Certified # 7099 3220 0008 4457 8461

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 024 ***150.00

DOCUMENT # F96000000578

1. Entity Name

UNIVERSAL CONSOLIDATED SERVICES, INC.

Principal Place of Business	Mailing Address
4949 BULLARD AVE.	4949 BULLARD AVE.
NEW ORLEANS, LA 70128	NEW ORLEANS, LA 70128

B0061327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 72-1208410 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACCURATE FILING & SEARCH SERVICES, INC.	Name
3424-18 OLD ST. AUGUSTINE RD.	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE, FL 32311	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	SD ☐ Delete	TITLE	VSD ☐ Change ☐ Addition
NAME	VIGNES, MICHELE W.	NAME	VIGNES, MICHELE
STREET ADDRESS	6141 CANAL BLVD.	STREET ADDRESS	4949 BULLARD AVE.
CITY - ST - ZIP	NEW ORLEANS, LA 70124	CITY - ST - ZIP	NEW ORLEANS, LA 70128
TITLE	P ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	VIGNES, STANTON C.	NAME	WINK, MICHAEL
STREET ADDRESS	6141 CANAL BLVD.	STREET ADDRESS	6625 ELYSIAN FIELDS AVE.
CITY - ST - ZIP	NEW ORLEANS, LA 70124	CITY - ST - ZIP	NEW ORLEANS, LA 70122
TITLE	TD ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	WINK, ANN S.	NAME	WINK, III, JOSEPH
STREET ADDRESS	130 TURNBERRY DR.	STREET ADDRESS	5864 MARSHALL FOCH
CITY - ST - ZIP	NEW ORLEANS, LA 70128	CITY - ST - ZIP	NEW ORLEANS, LA 70124
TITLE	DC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WINK, JOSEPH C. JR.	NAME	
STREET ADDRESS	130 TURNBERRY DR.	STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS, LA 70128	CITY - ST - ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WINK, LARRY D.	NAME	
STREET ADDRESS	121 TURNBERRY DR.	STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS, LA 70128	CITY - ST - ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WINK, KENNETH J.	NAME	
STREET ADDRESS	6228 CANAL BLVD.	STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS, LA 70124	CITY - ST - ZIP	

CR2E083 (11/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michele Vignes as Vice President 4-6-00 504-243-4652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

STF FL32519F.1