

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90538 022 \*\*\*150.00

**DOCUMENT #** F96000000578

1. Entity Name

UNIVERSAL CONSOLIDATED SERVICE, INC.

*Certified Mail # 7099 3220 0008 0457 5304* ✓

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

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 ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 2001 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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SEE ATTACHED FOR COMPLETE LISTING**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michele Vianes*

*4-12-01 504-243-4652*

CR2E034 (11/00)

Attachment Doc# F96000000578

**Universal Consolidated Services, Inc.**

**State of Florida**

**2001 Uniform Business Report (UBR)**

**Attachment for Section 11**

**Document #F96000000578**

**FEIN 72-1208410**

C0049729

<b>First Name</b>	Joseph
<b>Middle Initial</b>	C.
<b>Last Name</b>	Wink, Jr.
<b>Title</b>	Chairman/CEO/Director/Shareholder
<b>Street Address</b>	130 Turnberry Drive
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70128

<b>First Name</b>	Ann
<b>Middle Initial</b>	S.
<b>Last Name</b>	Wink
<b>Title</b>	Treasurer/Director/Shareholder
<b>Street Address</b>	130 Turnberry Drive
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70128

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C0049729

<b>First Name</b>	Larry
<b>Middle Initial</b>	D.
<b>Last Name</b>	Wink, Sr.
<b>Title</b>	Director/Shareholder
<b>Street Address</b>	121 Turnberry Drive
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70128

<b>First Name</b>	Kenneth
<b>Middle Initial</b>	J.
<b>Last Name</b>	Wink, Sr.
<b>Title</b>	Director/Shareholder
<b>Street Address</b>	6228 Canal Boulevard
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70124

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C0049729

<b>First Name</b>	Michael
<b>Middle Initial</b>	H.
<b>Last Name</b>	Wink
<b>Title</b>	Director/Shareholder
<b>Street Address</b>	6625 Elysian Fields Avenue
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70122

<b>First Name</b>	Michele
<b>Middle Initial</b>	W.
<b>Last Name</b>	Vignes
<b>Title</b>	V.P./Secretary/Director/Shareholder
<b>Street Address</b>	6141 Canal Boulevard
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70124

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<b>First Name</b>	Joseph
<b>Middle Initial</b>	C.
<b>Last Name</b>	Wink, III
<b>Title</b>	Director/Shareholder
<b>Street Address</b>	5864 Marshall Foch
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70124

<b>First Name</b>	Stanton
<b>Middle Initial</b>	C.
<b>Last Name</b>	Vignes, Sr.
<b>Title</b>	President
<b>Street Address</b>	6141 Canal Boulevard
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70124

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**FEIN 72-1208410**

<b>First Name</b>	Tim
<b>Middle Initial</b>	
<b>Last Name</b>	Ryan
<b>Title</b>	Outside Director
<b>Street Address</b>	4949 Bullard Avenue
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70128

<b>First Name</b>	Jim
<b>Middle Initial</b>	
<b>Last Name</b>	Ryder
<b>Title</b>	Outside Director
<b>Street Address</b>	4949 Bullard Avenue
<b>City</b>	New Orleans
<b>State</b>	LA
<b>Zip code</b>	70128