

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90010 040 \*\*\*150.00

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F96000000578</b>                                 |  |
| 1. Entity Name<br><b>UNIVERSAL CONSOLIDATED SERVICES, INC.</b> |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>4949 BULLARD AVE<br/>NEW ORLEANS, LA 70126</b> | Mailing Address<br><b>4949 BULLARD AVE<br/>NEW ORLEANS, LA 70126</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

**54016261**

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>1100 Poydras St<br/>Suite 1300<br/>New Orleans<br/>LA 70163</b> | 3. Mailing Address<br><b>1100 Poydras St<br/>Suite 1300<br/>New Orleans<br/>LA 70163</b> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



02192004 Chg-P CR2E034 (10/03)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>72-1208410</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                                               |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>ACCURATE FILING &amp; SEARCH SERVICES, INC.<br/>3424- 18 OLD ST AUGUSTINE<br/>TALLAHASSEE, FL 32311</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                      |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CCEO<br/>WINK, JOSEPH C JR<br/>130 TURNBERRY DR<br/>NEW ORLEANS, LA 70128</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6306 Beavregard Ave<br/>New Orleans, LA 70124</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TDS<br/>WINK, ANN S<br/>130 TURNBERRY DR<br/>NEW ORLEANS, LA 70128</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6306 Beavregard Ave<br/>New Orleans, LA 70124</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>WINK, LARRY D SR<br/>121 TURNBERRY DR<br/>NEW ORLEANS, LA 70128</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>113 sycamore st<br/>Metairie, LA 70005</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>WINK, KENNETH J SR<br/>6228 CANAL BLVD<br/>NEW ORLEANS, LA 70124</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>WINK, MICHAEL H<br/>6625 ELYSIAN FIELDS AVE<br/>NEW ORLEANS, LA 70122</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>VIGNES, MICHELE W<br/>6141 CANAL BLVD<br/>NEW ORLEANS, LA 70124</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>41 Thrasher St<br/>New Orleans, LA 70128</b>      |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michelle Vignes as Executive Vice Pres.* **2-27-04** **504-561-1652**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Michelle Vignes*

Florida Annual Report 2004  
Officers and Directors

| First Name | Last Name   | Street Address             | City        | State | Zip code | Title                               |
|------------|-------------|----------------------------|-------------|-------|----------|-------------------------------------|
| Joseph     | Wink, Jr.   | 6306 Beauregard Avenue     | New Orleans | LA    | 70124    | Chairman/CEO/Director/Shareholder   |
| Ann        | Wink        | 6306 Beauregard Avenue     | New Orleans | LA    | 70124    | Treasurer/Director/Shareholder      |
| Larry      | Wink, Sr.   | 113 Sycamore St.           | Metairie    | LA    | 70005    | Director/Shareholder                |
| Kenneth    | Wink, Sr.   | 6228 Canal Boulevard       | New Orleans | LA    | 70124    | Director/Shareholder                |
| Michael    | Wink        | 6625 Elysian Fields Avenue | New Orleans | LA    | 70122    | Director/Shareholder                |
| Michele    | Vignes      | 41 Thrasher Street         | New Orleans | LA    | 70124    | V.P./Secretary/Director/Shareholder |
| Joseph     | Wink, III   | 5864 Marshall Foch         | New Orleans | LA    | 70124    | Director/Shareholder                |
| Stanton    | Vignes, Sr. | 41 Thrasher Street         | New Orleans | LA    | 70124    | President/CFO/Director              |
| Tim        | Ryan        | 4949 Bullard Avenue        | New Orleans | LA    | 70128    | Outside Director                    |
| Jim        | Ryder       | 4949 Bullard Avenue        | New Orleans | LA    | 70128    | Outside Director                    |

attachment

#F960000578

54016261

*Attachment*



**Division of Corporations**

*54010261*

**2004 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.**

|                                                   |                                       |
|---------------------------------------------------|---------------------------------------|
| This information cannot be changed on the report. |                                       |
| Document Number                                   | F96000000578                          |
| Business Entity Name                              | UNIVERSAL CONSOLIDATED SERVICES, INC. |
| Original File Date                                | 02/05/1996                            |

FEI Number 72-1208410

Principal Address 4949 BULLARD AVE  
NEW ORLEANS, LA 70126

Mailing Address 4949 BULLARD AVE  
NEW ORLEANS, LA 70126

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

**Officer/Director Name And Address**

CCEO  
JR JOSEPH C WINK  
130 TURNBERRY DR  
NEW ORLEANS, LA 70128

TDS  
ANN S WINK  
130 TURNBERRY DR  
NEW ORLEANS, LA 70128

DS  
SR LARRY D WINK  
121 TURNBERRY DR  
NEW ORLEANS, LA 70128

DS  
SR KENNETH J WINK  
6228 CANAL BLVD  
NEW ORLEANS, LA 70124

DS

*attachment*

MICHAEL H WINK  
6625 ELYSIAN FIELDS AVE  
NEW ORLEANS, LA 70122

*#F960000398*

*54016261*

VSD  
MICHELE W VIGNES  
6141 CANAL BLVD  
NEW ORLEANS, LA 70124

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

If you need to make changes to  
the above information, please  
select:

---

**Sunbiz Home Page**

**Public Access Help**