

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90012 021 \*\*\*550.00

0106312 AT

**DOCUMENT # F00000000053**

1. Entity Name

**SOUL CIRCUS, LTD. INCORPORATED**

Principal Place of Business

**510 WHITE HALL ST.  
 SUITE A  
 ATLANTA GA 30303**

Mailing Address

**510 WHITE HALL ST.  
 SUITE A  
 ATLANTA GA 30303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-4133406**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD WALKER, CEDRIC 2459 ROOSEVELT HIGHWAY, SUITE B-F COLLEGE PARK GA 30337</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WALKER, CYNTHIA 2459 ROOSEVELT HIGHWAY, SUITE B-F COLLEGE PARK GA 30337</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MURPHY-GAILLARD, PAULA 2459 ROOSEVELT HIGHWAY, SUITE B-F COLLEGE PARK GA 30337</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DAVIS, JACQUILINE 2459 ROOSEVELT HIGHWAY, SUITE B-F COLLEGE PARK GA 30337</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>510 WHITEHALL ST ATLANTA, GA 30303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>510 WHITEHALL ST ATLANTA, GA 30303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>510 WHITEHALL ST ATLANTA, GA 30303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Paula Gaillard* **Paula Gaillard**

Date

Daytime Phone #

**(404) 588-1235**

CR2E034 (5/01)

Attachment # + 0000000053

11110

*Previously mailed*

10-14-0261B 7-1999

**Bank of America**



Drawer, Bank of America, N.A.  
Bank, San Antonio, Texas

Money Order - GA

01409986

10-14-0261B 7-1999

If this money order is cashed, the bank will not be responsible for the loss of the original money order. The bank will not be responsible for the loss of the original money order if it is cashed. The bank will not be responsible for the loss of the original money order if it is cashed. The bank will not be responsible for the loss of the original money order if it is cashed.

Date 7/23/01

PAY TO THE ORDER OF  
**EXACTLY \$55.00 AND NO CENTS**

Not valid for more than \$1,000.00

Name **Florida Dept. of State**

Address **P.O. Box 1500 (Division of Corporations)**

City and State **Tallahassee, FL 32302-1500**

Purchaser Signature **Debra A. B**

Address **510 Whitehall St., Suite A**

City and State **Atlanta, GA 30303**

"01409986" @114000019: 001641002476"

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.