


FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000112372
 1. Entity Name -
THE BIKERS DEN INC.



Principal Place of Business Mailing Address
5100 95TH ST NORTH #14 **5100 95TH ST NORTH #14**
ST. PETERSBURG, FL 33708 **ST. PETERSBURG, FL 33708**

DO NOT WRITE IN THIS SPACE



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0537106 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRIDE, KATHLEEN A
9425 BLIND PASS RD #1303
ST. PETE BEACH, FL 33706

DO NOT WRITE IN THIS SPACE

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: *Kathleen A. Pride* *Kathleen A. Pride* *7/15/04*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PRIDE, KATHLEEN A 9425 BLIND PASS RD #1303 ST. PETE BEACH, FL 33706
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 07/23/04-80004-002 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kathleen A. Pride* *7/15/04* *727-395-0080*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathleen A. Pride