

P020000112372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

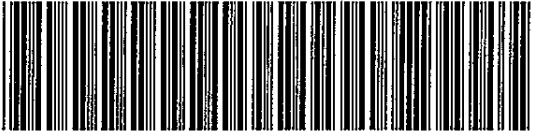
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RAAD chg  
MD 9/21/04



600040680986

09/21/04--01014--011 \*\*35.00

FILED  
04 SEP 21 AM 8:46  
STATE OF FLORIDA  
FALL ANASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Bikeers Den, INC  
(Name of corporation)

**DOCUMENT NUMBER:** PO2000112372

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

RICHARD MAGELUZZO  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

5967 5th AVE South  
(Address)

ST Petersburg, FL 33707  
(City/state and Zip code)

For further information concerning this matter, please call:

RICHARD MAGELUZZO at (727) 345-5747  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Bilcers Den Inc.
- 2. The principal office address: 5100 95th ST N STE 14  
ST Petersburg, FL 33711
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 10/17/02 Document number: P02000112372
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kathleen A. Peide  
9425 BLIND PASS RD #1303  
ST Pete Beach, FL 33706

FILED  
 04 SEP 21 AM 8:46  
 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RICHARD MAUELUZZO 5967 STH AU SO.  
ST PETERSBURG FL

(P.O. Box NOT acceptable)  
JAMES BELMONTE 5127 104th ST  
ST PETERSBURG FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathleen A. Peide  
 (Signature of an officer or director)

Kathleen A. Peide  
 (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

James Belmonte  
 (Signature of Registered Agent)

9/14/04  
 (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
 (Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314