

PO2000112372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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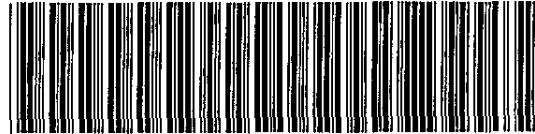
(Business Entity Name)

(Document Number)

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*RA Change  
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OCT 15 10 11:03  
10/21/04

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE BIKERS DEN, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P02000112372

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:

CHARLES F. DECKER ESG.  
(Name of contact person)

CHARLES F. DECKER, P.A.  
(Firm/Company)

10209B GULF BLVD.  
(Address)

TREASURE ISLAND, FL 33706  
(City/state and zip code)

For further information concerning this matter, please call:

CHARLES F. DECKER at ( 727 ) 360-2001  
(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 BIKERS DEN, INC.
- 2. The principal office address: 5100 95TH STREET N., SUITE 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:

RICHARD MAGELUZZO  
5967 5TH AVE. S.  
ST. PETERSBURG, FL

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

JAMES DICEGLIE  
5100 95TH STREET N., SUITE 14  
(P.O. Box NOT acceptable)  
ST. PETERSBURG, FL 33711


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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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.

 (Signature of an officer or director)      JAMES DICEGLIE (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.

 (Signature of Registered Agent)      9/30/04 (Date)

If signing on behalf of an entity:  
  
\_\_\_\_\_  
(Typed or Printed Name)

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