

N090000002912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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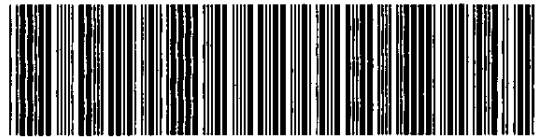
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: B.I.K.E.R.S.C.A.P. INC.
(Name of Corporation)

DOCUMENT NUMBER: N09000002912

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVE P. STORY
(Name of Person)

B.I.K.E.R.S.C.A.P. INC.
(Name of Firm/Company)

P.O. BOX 2744
(Address)

LAND O' LAKES, FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE P. STORY at (813) 508-2038
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, STEVE P. STORY, hereby resign as COO
(Title)

of B.I.K.E.R.S.C.A.P. INC.,
(Name of Corporation)

N09000002912, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE