DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PART I

1. Name and business address of nonresident:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent’s signature: ________________________________

3. I, ________________________________, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident’s signature: ________________________________

PART II

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

Nonresident’s signature: ________________________________

Date: ________________________________

FEES: $35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)
$52.50 - CERTIFIED COPY FEE (REQUIRED)
$87.50 - TOTAL DUE

(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)

SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.

INHSE30(6/92)