

770.844.9600

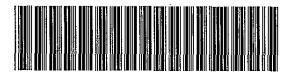
fax 770.886.9888

www.atlantagrass.com

sbrown@atlantagrass.com 3600 N. Parkway, Ste. 104 • Cumming, GA 30040

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08/01/03--01047--001 **87.50

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE

	PART I	
1. Name a	nd business address of nonresident:	
500	TP. BROWN - LAWNED LAWN CAM	E, Inc.
3600	North Pkwy, Suite 104	
Cum	ming, GA. 30040 (404) 510-843,	1 (770) 844-9600
	TE EITHER #2 OR #3 - NOT BOTH)	
2. The nar process ma	ne and Florida street address of the registered agent upon who by be served in accordance with section 487.047, Florida Statu	om service of tes is:
on beĥalf (en named as registered agent upon whom service of process rof the undersigned, I hereby accept the appointment as registe t in this capacity.	
Re	gistered Agent's signature:	
Florida Sec	a nonresident, hereby a retary of State as my registered agent upon whom service of percordance with section 487.047(2), Florida Statutes.	ppoint the process may be
No	nresident's signature: Amount	
	PART II	- · · · · · · · · · · · · · · · · · · ·
i hereby ac and a regis	cknowledge this document is being submitted to designate a restered office pursuant to section 487.047, Florida Statutes.	egistered agent
Nor	nresident's signature:	
	Date: 7-30-03	03 d
		W 450
	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	PM 4: 12

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

TALLAHASSEE, FL 32314