

(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:
189/304/671 Please complete either # 2. or 3
18//307/011
ou a soft
Please Complete
1 2 2 2 2
euches # a, o, o



600143357686

WO 9-7392

02/12/09--01016--024 \*\*87.50

Power of Atty Nathan Brad

209-8



N. CAUSSEAUX

Wilder

FEE 2 4 2009

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2009

NATHAN B. WILDER PROGRESSIVE SOLUTIONS P.O. BOX 1130 MARSHALL, AR 72650

SUBJECT: NATHAN BRAD WILDER

Ref. Number: W09000007392

We have received your document for NATHAN BRAD WILDER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete either Section #2 or #3 or the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 209A00005413

Nanette Causseaux Document Specialist Supervisor

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

PARTI
1. Name and business address of nonresident:
Nathan Brad Wilder (Progressive Solutions) = =
PO BOX 1130
Marshall, AR 72650
(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:
, FL
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 a in this capacity.
Registered Agent's signature:
3. I, Nathan B. Wildo, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be serve in accordance with section 487.047(2), Florida Statutes.
Nonresident's signature: Nother B. Wildly
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: Worker B. Wilder
Date: 2-9-2009
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

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

TALLAHASSEE, FL 32314