

Q99000000036

Robert English

Requestor's Name

P.O. Box 50

Address

Checotah, OK 74426

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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SECRETARY OF CORPORATIONS  
99 APR 12 PM 1:43

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002828076--0  
-04/02/99-01073-016  
\*\*\*\*\*87.50 \*\*\*\*\*13.75

\$87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

DA

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

**PART I**

1. Name and business address of nonresident:

Robert English

PO Box 50

Checotah, OK 74426

(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 act in this capacity.*

Registered Agent's signature: \_\_\_\_\_

3. I, Robert English, 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: Robert English

**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: Robert English

Date: 2/15/99

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**

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SECRETARY OF STATE  
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