



Registered Agent Service Agreement

Name of Company: _____

Company Address: _____

Owner Name: _____ Company Phone: _____

Company Fax: _____ Contact Name: _____

Contact Email: _____ Contact Cell: _____

To pay by credit card:

_____ Expiration Date: _____

Credit card type _____ **credit card #** _____

Name on credit card: _____

Billing address of credit card: _____ City: _____

State: _____ Zip: _____

To pay by ACH (automatic check handling):

Check #: _____ Routing #: _____ Account #: _____

Name of Bank: _____ Company Name on Check: _____

Owner Driver's License #: _____ Address on Checks: _____

City: _____ State: _____ Zip: _____

It's easy! Just mark 'I want Fredrick James, LLC to be my registered agent' in the box below, choose your preferred services and sign the disclosure statement.

Check the box below and sign this section <i>ONLY</i> if you want Fredrick James to act as your Registered Agent:		
<input type="checkbox"/> Yes, I want Fredrick James, LLC to be my registered agent		
<input type="checkbox"/> 1 Year - \$149.00	<input type="checkbox"/> 2 Years - \$288	<input type="checkbox"/> 3 Years - \$427

<input type="checkbox"/> Yes, I am interested in Fredrick James, LLC filing our Florida Annual Report and would like more information. (a company representative will contact you shortly to speak with you concerning the Florida Annual Report Filing Service)

I authorize Fredrick James, Accounting, Tax and Consulting to file the annual report of the company listed above as found in Sunbiz.org on my behalf. I also authorize the use of my credit card or other payment option for the filing of the annual report. Fredrick James, LLC is authorized to charge the credit card for the Company or Contact named above for services indicated. This agreement is subject to and governed by the Client Job Order and Agreement Quote and Engagement Letter hereby incorporated by reference. I will contact Fredrick James, LLC in the event that any of our contact information or payment information changes. This signature must be that of the individual signing or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual signing this document affirms that the facts stated herein are true.

By submitting this form I declare the facts listed above are true and correct.

Signature: _____ SS#(Last-4-Digits): _____ Date: _____

If the signature is digital please type in your name and the last 4 digits of your SS# above.

Send this information to us in one of the 3 following ways:

- Fill out the form, sign, scan and email it back to Fredrick James in an encrypted format.
- Print this email, fill out the form and fax it to Fredrick James at 1-800-508-1237
- Print this email, fill out the form and mail it back to Fredrick James at 600 Bypass Drive, Suite #112 Clearwater, FL 33764

600 Bypass Drive, Suite 112
Clearwater, Florida 33764

Phone: (727) 230-0716
Fax: (800) 508-1237