

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90033 044 \*\*\*150.00

**DOCUMENT # P00000104809**

1. Entity Name  
**S.R. & D. PRODUCTS, INC.**

Principal Place of Business 718 7TH AVE. WEST BRADENTON FL 34205	Mailing Address 718 7TH AVE. WEST BRADENTON FL 34205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>MANNING, MICHAEL R</b> <b>718 7TH AVE. WEST</b> <b>BRADENTON FL 34205</b>			7. Name and Address of New Registered Agent Name: <b>Michael Manning</b> Street Address (P.O. Box Number is Not Acceptable): <b>627 FONTANA LANE</b> City: <b>Bradenton, FL</b> Zip Code: <b>34209</b>		
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Michael Manning DATE: 4-30-01  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARY L. KELLY</b> <b>1920 38th ST. W.</b> <b>Bradenton, FL 34205</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JAMES DOMANICO</b> <b>526 98th AVE N.</b> <b>St. Petersburg, FL 33702</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MICHAEL MANNING</b> <b>627 Fontana Lane</b> <b>Bradenton, FL 34209</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Manning Michael Manning DATE: 4-30-01 DAYTIME PHONE #: 941-747-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment 8727 H P 0000010289 for

Form **SS-4**

**Application for Employer Identification Number**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN  
OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
SRD Products, Inc.

2 Trade name of business (if different from name on line 1)  
SRD Products, Inc.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
718 7th Avenue West

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code  
Bradenton, FL 34205

5b City, state, and ZIP code

6 County and state where principal business is located  
Manatee Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►  
Michael R. Manning 264-08-4460

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_  Estate (SSN of decedent) \_\_\_\_\_

Partnership  Personal service corp.  Plan administrator (SSN) \_\_\_\_\_

REMIC  National Guard  Other corporation (specify) ► Manufacturing

State/local government  Farmers' cooperative  Trust

Church or church-controlled organization  Federal government/military

Other nonprofit organization (specify) ► \_\_\_\_\_ (enter GEN if applicable)

Other (specify) ► \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
<u>Florida</u>	

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ► Manufacturing

Banking purpose (specify purpose) ► \_\_\_\_\_

Changed type of organization (specify new type) ► \_\_\_\_\_

Purchased going business

Hired employees (Check the box and see line 12.)  Created a trust (specify type) ► \_\_\_\_\_

Created a pension plan (specify type) ► \_\_\_\_\_

Other (specify) ► \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions)  
11-06-2000

11 Closing month of accounting year (see instructions)  
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► Unknown

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? . . . . .  Yes  No

If "Yes," principal product and raw material used ► Plastic

16 To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ► \_\_\_\_\_  Business (wholesale)  N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
(941) 747-2828

Fax telephone number (include area code)  
(941) 747-9446

Name and title (Please type or print clearly.) ► Michael Manning - Treasurer

Signature ► Michael Manning Date ► 6-6-2001

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying