

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104809

1. Entity Name

S.R. & D. PRODUCTS, INC.

Principal Place of Business

Mailing Address

718 7TH AVE. WEST
BRADENTON FL 34205

718 7TH AVE. WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNING, MICHAEL R
718 7TH AVE. WEST
BRADENTON FL 34205

Name Michael Manning
Street Address (P.O. Box Number is Not Acceptable)
627 FONTANA LANE
City Bradenton, FL Zip Code 34209

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARY L. KELLY	
STREET ADDRESS	1920 3RD ST. W.	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES DOMANICO	
STREET ADDRESS	526 98TH AVE. N.	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MICHAEL MANNING	
STREET ADDRESS	627 Fontana Lane	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Manning

4-30-01

DATE

941-747-2828

Daytime Phone #

5/

FILED

Jun 26, 2001 8:00 am
Secretary of State

05-16-2001 90033 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)

Attachment 8727 HP00000102829 for

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

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

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>SRP Products, Inc.</u>	
	2 Trade name of business (if different from name on line 1) <u>SRP Products, Inc.</u>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>718 7th Avenue West</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>Bradenton, FL 34205</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>Manatee Florida</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>Michael R. Manning 264-08-4460</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► <u>Manufacturing</u>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <u>Florida</u>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <u>Manufacturing</u>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <u>11-06-2000</u>	11 Closing month of accounting year (see instructions) <u>December</u>
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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)	<u>Unknown</u>
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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) ►
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15 Is the principal business activity manufacturing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," principal product and raw material used ► <u>Plastic</u>		

16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 ►
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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
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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.

Name and title (Please type or print clearly.) ► <u>Michael Manning - Treasurer</u>	Business telephone number (include area code) <u>(941) 747-2828</u>
	Fax telephone number (include area code) <u>(941) 747-9446</u>

Signature ► <u>Michael Manning</u>	Date ► <u>6-6-2001</u>
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Note: Do not write below this line. For official use only.

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