

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93718

1. Entity Name

RELIABLE SERVICE OF PALM BEACH COUNTY INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90040 014 \*\*\*150.00

Principal Place of Business

Mailing Address

754 NANTUCKET CIR  
LAKE WORTH FL 33467  
US

754 NANTUCKET CIR  
LAKE WORTH FL 33467-2775  
US

2. Principal Place of Business

846 SALEM LANE

3. Mailing Address

846 SALEM LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-0065272

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

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

BOMBACE, JOHN  
846 SALEM LANE  
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
NAME KRASNOW, ANN  
STREET ADDRESS 754 NANTUCKET CIRCLE  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PTD ☐ Delete  
NAME JOHN BOMBACE  
STREET ADDRESS 846 SALEM LANE  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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 an other like empowered.

SIGNATURE:

*John Bombace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00 (561) 433-9746  
Date Daytime Phone #

CR2E034 (9/99)