

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103248

1. Entity Name:

RELIABLE MFG., INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90113 005 \*\*\*150.00

Principal Place of Business

Mailing Address

54 PURITAN RD.  
WEST PALM BEACH FL 33405

54 PURITAN RD.  
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

West Palm Beach

534 Puritan RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

West Palm Beach FL

4. FEI Number

65-0887230

Applied For

Not Applicable

Zip

Country

33405

USA

Zip

Country

33405

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

SCHNUR, BRUCE  
534 PURITAN RD  
WEST PALM BEACH FL 33405

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

*Bruce Schnur*

01-27-00

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 VTD  
NAME SCHNUR, JERRY  
STREET ADDRESS 3702 SPRING CREST CT.  
CITY-ST-ZIP WEST PALM BEACH FL 33467

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

TITLE owner  
NAME BRUCE SCHNUR  
STREET ADDRESS 5600 N. FLAGLER DR. - APT 910  
CITY-ST-ZIP West Palm Beach FL 33407

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bruce Schnur* BRUCE SCHNUR

01-27-00

588-3131

CR2E034 (9/99)