

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103248

1. Entity Name  
RELIABLE MFG., INC.

Principal Place of Business  
54 PURITAN RD.  
WEST PALM BEACH FL 33405

Mailing Address  
534 PURITAN RD.  
WEST PALM BEACH FL 33405  
US

2. Principal Place of Business

3. Mailing Address

534 PURITAN RD

Suite, Apt. RELIABLE MFG. CO.  
534 PURITAN ROAD

Suite, Apt. #, etc.

City & State W. P. BEACH, FL 33405

City & State West Palm Beach FL

Zip Country

Zip 33405

Country USA

4. FEI Number 65-0887230

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNUR, BRUCE  
534 PURITAN RD  
WEST PALM BEACH FL 33405

RELIABLE MFG. CO.  
534 PURITAN ROAD  
W. P. BEACH, FL 33405

7. Name and Address of New Registered Agent

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, 2002 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 0  
NAME SCHNUR, BRUCE  
STREET ADDRESS 5600 N. FLAGLER DR. APT. 910  
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Bruce Schnur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90007 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0350883 AV

CR2E034 (9/01)