FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSH |
|-----------|------------|----------------|-----------|

| ı | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burde | en |
| | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* NUTTER WALLACE LEE | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES INC [RSG] | | | | | | | | | | all app | | | 10% Owner | | | |
|--|--|--------|---|---|--|--|---|---|--------------|--------------------------------------|---------|--|-------------|---|---|------------------------------------|-----------------------------------|-----------|---|---|--|
| 50 NORTH LAURA STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2004 | | | | | | | | | | Office below | er (give title v) | | Other below) | (specify | | | |
| 19TH FLOOR | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) JACKSONVILLE FL 32202 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curiti | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | | Execution ay/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | | 4 and Secu Bene | | rities Feficially (ed Following (| | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common Stock 03/09 | | | | 03/09 | 9/2004 | | | | | | 5,000 | (1) | A (1) | | 5,000 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date, if any (Month/Day/Year) | | | ransaction ode (Instr.) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 0. Ownership Orm: Orm: Orner (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |

Explanation of Responses:

1. Acquired under the Republic Services, Inc. Non-Employee Director Stock Unit Agreement dated March 9, 2004.

Remarks:

By: David A. Barclay, Attorney-In-Fact

03/10/2004

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.