

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000014

1. Entity Name

CEA MAX HUMAN SERVICES, INC.

(R)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90063 001 \*\*\*\*61.25

08-17-2000 90063 002 \*\*\*\*8.75

Principal Place of Business

311 N W 11TH AVENUE  
DELRAY BEACH FL 33444  
US

Mailing Address

311 N W 11TH AVENUE  
DELRAY BEACH FL 33444  
US

2. Principal Place of Business

113 S. Atlantic Drive West

3. Mailing Address

113 S. Atlantic Drive West

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, Florida

City & State

Boynton Beach Florida

4. FEI Number

65-0826968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMAX, MICHAEL  
311 N W 11TH AVENUE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Lomax, Michael

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

113 S. Atlantic Drive West

City

Boynton Beach

FL

Zip Code

33435

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 Lomax

8-10-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | CEASAR-LOMAX, ETHEL    |                                 |
| STREET ADDRESS | 311 N W 11TH AVENUE    |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33444  |                                 |
| TITLE          | ST                     | <input type="checkbox"/> Delete |
| NAME           | LOMAX, MICHAEL         |                                 |
| STREET ADDRESS | 311 N W 11TH AVENUE    |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33444  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | THOMPSON, VERNITA      |                                 |
| STREET ADDRESS | 132 S W 4TH AVENUE     |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33444  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | COOPER-HENRY, JOANN    |                                 |
| STREET ADDRESS | 1002 SUNSET AVENUE     |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33444  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CASTELLO, DEBORAH      |                                 |
| STREET ADDRESS | 414 S W 14TH AVENUE    |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33444  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | JORDAN, CATHERINE      |                                 |
| STREET ADDRESS | 166 WEST OCEAN DRIVE   |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33426 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CEASAR-LOMAX, Ethel         |  |
| STREET ADDRESS | 113 S. Atlantic Drive West  |  |
| CITY-ST-ZIP    | Boynton Beach FL 33435      |  |
| TITLE          | ST                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lomax, Michael              |  |
| STREET ADDRESS | 113 S. Atlantic Drive West  |  |
| CITY-ST-ZIP    | Boynton Beach Florida 33435 |  |
| 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            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Lomax

8-10-2000 (54) 586-2768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)