

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90248 001 ****61.25
 02-07-2002 90248 002 *****8.75

DOCUMENT # N98000000014

1. Entity Name

CEA MAX HUMAN SERVICES, INC.

Principal Place of Business

**113 S ATLANTIC DR WEST
 BOYNTON BEACH FL 33435
 US**

Mailing Address

**113 S ATLANTIC DR WEST
 BOYNTON BEACH FL 33435
 US**

2. Principal Place of Business

113 S Atlantic Dr. West
 Suite, Apt. #, etc.

3. Mailing Address

113 S Atlantic Dr. West
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Bch, Fla.

City & State

Boynton Bch, Fla.

4. FEI Number

65-0826968

Applied For

Not Applicable

Zip

Country

33435 U.S.

Zip

Country

33435 U.S.

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOMAX, MICHAEL
 113 S ATLANTIC DR WEST
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name

Same

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

Same

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: **Michael Lomax**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/02

FILE NOW: FEE IS \$61.25

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	113 S ATLANTIC DR W	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOMAX, MICHAEL	
STREET ADDRESS	113 S ATLANTIC DR W	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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		<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		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 (561) 586-2768

Date

Daytime Phone #

CR2E037 (9/01)