

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000014

FILED
Apr 29, 2003
Secretary of State

Entity Name: CEA MAX HUMAN SERVICES, INC.

Current Principal Place of Business:

113 S ATLANTIC DR WEST
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

113 S ATLANTIC DR WEST
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0826968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CEASAR-LOMAX, ETHEL
Address: 113 S ATLANTIC DR W
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ST () Delete
Name: LOMAX, MICHAEL
Address: 113 S ATLANTIC DR W
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: THOMPSON, VERNITA
Address: 132 S W 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: COOPER-HENRY, JOANN
Address: 1002 SUNSET AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: CASTELLO, DEBORAH
Address: 414 S W 14TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: JORDAN, CATHERINE
Address: 166 WEST OCEAN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. LOMAX

TREA

04/29/2003

Electronic Signature of Signing Officer or Director

Date