

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000019302**1. Entity Name  
DEVEL AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
2405 OKEECHOBEE BLVD.	2405 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409	WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0473404**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SCHORR MAX  
250 ROYAL PALM WAY  
# 300  
PALM BEACH  
33480 FL  
US**7. Name and Address of New Registered Agent**Name  
WOODFIELD GARY  
Street Address (P.O. Box Number is Not Acceptable)  
250 ROYAL PALM WAY  
# 300  
City  
PALM BEACH FL  
Zip Code  
33480

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 **GARY WOODFIELD****04/10/2001**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE S ☐ Delete  
NAME SCHORR MAX  
STREET ADDRESS 250 ROYAL PALM WAY 300  
CITY-ST-ZIP PALM BEACH FLTITLE S ☒ Change ☐ Addition  
NAME WOODFIELD GARY  
STREET ADDRESS 250 ROYAL PALM WAY 300  
CITY-ST-ZIP PALM BEACH FLTITLE D ☐ Delete  
NAME GERSTEIN IRA  
STREET ADDRESS 2405 OKEECHOBEE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409TITLE ☐ Change ☐ Addition  
NAME  
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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: IRA GERSTEIN**

D

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)