

2002 UNIFORM BUSINESS REPORT (UBR)

0086000
AV

DOCUMENT # P96000071006

1. Entity Name
THE GREAT AMERICAN APPRAISAL COMPANY, INC.

APPROVED
AND
FILED

02 AUG 22 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3519 SCOUT OAK LOOP
OVIEDO FL 32765
US

Mailing Address

3519 SCOUT OAK LOOP
OVIEDO FL 32765
US

2. Principal Place of Business

3519 Scout Oak Loop

3. Mailing Address

3519 Scout Oak Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3398743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN P. FOLINO
3519 SCOUT OAK LOOP
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE D ☐ Delete
NAME FOLINO, JOHN P
STREET ADDRESS 3519 SCOUT OAK LOOP
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800007513158-3
STREET ADDRESS -09/04/02--01042--019
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/02 407-971-7670

CR2E034 (4/02)



The Great American
Appraisal Company, Inc.

Florida - Texas

3519 Scoutoak Loop
Oviedo, FL 32765
Ph: 407-971-7671
Fax: 407-971-7673

August 21, 2002

Division of Corporations
Uniform Business Report Filings
409 East Gaines St.
Tallahassee, FL 32399

Attention: Ms. Eula Peterson

Dear Ms Peterson:

As per our phone conversation, enclosed please find two attachments: A completed '2002 Uniform Business Report' form, and a check in the amount of \$150.

Since I started my business several years ago, I have always completed the above form and made payment on time. It is obviously in my financial interest to do so. Last year, however, I was diagnosed with leukemia and received chemotherapy. Besides the usual symptoms of this disease and the side effects of the treatment, my spleen began to grow. In the beginning of 2002, my doctor told me it must be removed. I had surgery on April 10.

During the weeks of recovery that followed, being single, self-employed and with no employees, my home and business life became disorganized. With my papers in disarray I did not know that the said form and standard fee were never mailed out until I received a new form in the mail. I would further like to note that after a complete clean up of my office and personal papers, an earlier dated form could not be found and I do not believe I ever received one. So of course, when checking the year's banking records I found that indeed the payment was not made. This deeply troubled me. With reduced cash flow and increased medical expenses caused by my illness, I cannot afford a \$400 penalty.

I immediately called your organization, (yesterday), and spoke to Amy, a document examiner, who suggested that I send the completed form along with a letter of explanation, plus the \$150 fee. When I called again today to ask about it sending it certified, they referred me to you.

I would appreciate any consideration that you can give me in regards to dropping the \$400 penalty. If you need any documentation to substantiate my physical condition and date of operation, etc., please feel free to call and I will be more than happy to assist you.

Thank You Sincerely,

John P. Folino