

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90230 020 \*\*\*\*50.00

**DOCUMENT # L01000012735**

1. Entity Name

**PREMIERE CONSULTING AND APPRAISAL SERVICES, LLC**



Principal Place of Business

**22 CROSSBOW COURT  
PALM COAST FL 32137**

Mailing Address

**22 CROSSBOW COURT  
PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~91-2149324~~  
**91-2144324**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PALMER, GAIL MOSER  
22 CROSSBOW COURT  
PALM COAST FL 32137**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PALMER, GAIL M  
22 CROSSBOW COURT  
PALM COAST FL 32137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Gail M. Palmer*  
**GAIL M. PALMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/13/03**

Date

**386-447-9007**

Daytime Phone #

0074726

CR2E083 (10/02)

Attachment  
20009281  
L01000012735

1-800-TAX-FORM (1-800-829-5676) or from the IRS web site at [www.irs.gov](http://www.irs.gov).

If you will not have to file returns in the future, check here (see **Who Must File** in separate instructions) and complete and sign the return ☐

If this is an Amended Return, check here (see **Amended Returns** on page 2 of the separate instructions) ☐

**Part I Computation of Taxable Wages**

1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1		
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2		
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. (see separate instructions) Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use your state wage limitation.	3		
4	Add lines 2 and 3	4		
5	Total taxable wages (subtract line 4 from line 1)	5		

Be sure to complete both sides of this form, and sign in the space provided on the back.  
29-CDC10976047-083

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

▼ DETACH HERE ▼

Cat. No. 112340

Form 940 (2002)



Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0028

2002

Form 940-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 940.
- ▶ Do not staple this voucher or your payment to Form 940.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your employer identification number on your check or money order.

91-2144324

Enter the amount of  
your payment. ▶

Dollars

Cents

PREMIERE CONSULTING AND APPRAISAL  
PALMER GAIL MOSER MBR  
22 CROSSBOW CT  
PALM COAST FL 32137-8909

INTERNAL REVENUE SERVICE  
P.O. BOX 660095  
DALLAS TX 75266-0095