03

DOCUMENT # P01000088727

1. Entity Name
LONDON REALTY MARKET, INC.

Principal Place of Business	Mailing Address
1730 WINTERGREEN BLVD WINTER PARK, FL 32792	1730 WINTERGREEN BLVD WINTER PARK, FL 32792

FILED

03 MAY 23 PM 12:42

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	630 E. Vine St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Kissimmee FL
Zip / Country	Zip 34744 / Country

4. FEI Number **59-3747050** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAGOPAT, RAMNAUTH 1730 WINTERGREEN BLVD WINTER PARK, FL 32792	Name Robert D. Moschel Jr. EA Street Address (P.O. Box Number is Not Acceptable) 630 E. Vine St. City Kissimmee **FL** Zip Code 34744

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] 5/20/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAGOPAT, RAMNAUTH 1730 WINTERGREEN BLVD WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500019850145 05/23/03--01079--009 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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: [signature] RAMNAUTH JAGOPAT 5/20/03 321-945-0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #