2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P9900066041 **DOCUMENT #** 1. Entity Name

MARTRU, INC.



Principal Place of Business 3750 NORTH U.S 27 HWY SEBRING FL 33870

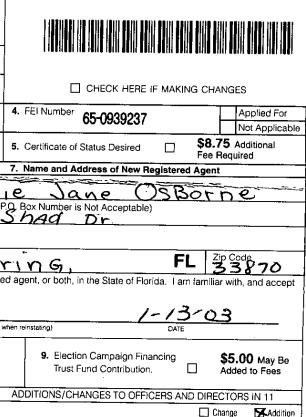
Mailing Address 3750 NORTH U.S 27 HWY

SEBRING FL 33870

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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

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

01-16-2003 90120 012 ***150.00



1				65-0939237		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
HOWARD	, JOHN F ESQ.		MAR	igie Jane Osborne		
120 MINI	RANCH RD.		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	FL 33870-9753		4217	Shad Dr		
	Decadse	d	City Se	Bring, FL 33870		
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	marein a	rane C	buorne	1-13/02		
0,011.110112	Signature, typed or plated name of gistered agent a	title if applicable. (NOT	E: Registered Agent signature re-	quired when reinstating) DATE		
F	ILE NOW!!! FEE IS \$150.00					
Afte	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be		
Make Check	Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS ICHANICES TO OFFICERS AND DIRECTORS IN A		
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	OSBORNE, MARGIE	□ Delete	NAME	☐ Change ► Addition		
STREET ADDRESS	3750 NORTH U.S 27 HWY		STREET ADDRESS	John OsBorne III		
CITY-ST-ZIP	SEBRING FL 33870 .		CITY-ST-ZIP	4217 Shad Dr. SEBY199,FL		
TITLE	D	Delete	TITLE			
NAME	SPIRES, TRUMA	₽ 001010	NAME	☐ Change ☐ Addition		
STREET ADDRESS	2003 ROSELAND AVE.		STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP			
TITLE		Delete_	TITLE	Charte Chart		
NAME			NAME	☐ Change ☐ Addition		
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TITLE		☐ Delete	TITLE	Chemn C satura		
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TITLE		☐ Delete	TITLE	Change D Alive		
NAME			NAME	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby ce	ertify that the information supplied with the on this report or supplemental report is true	is filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information		

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

SIGNATURE:

Daytime Phone #