

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000004958**

1. Entity Name

**EASTERN SEABOARD PACKAGING, INC.**

Principal Place of Business

Mailing Address

**19401 OLD JETTON ROAD, SUITE 101  
CORNELIUS NC 28031****19401 OLD JETTON ROAD, SUITE 101  
CORNELIUS NC 28031**

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 **59-3267325**

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

**O'HARA, ROBERT T  
C/O EASTERN SEABOARD PACKAGING, INC.  
7576 BROKERAGE DRIVE  
ORLANDO FL 32809**

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.

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'HARA, ROBERT T</b> <b>304 FOX SQUIRREL LANE</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'Hara, Robert T.</b> <b>304 Fox Squirrel Lane</b> <b>Longwood, FL 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>HOLCOMB, NIKKI C</b> <b>7421 STAYSAIL COURT</b> <b>CORNELIUS NC 28031</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Holcomb, Nikki C.</b> <b>7421 Staysail Ct.</b> <b>Cornelius, NC 28031</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>HOLCOMB, JOHN M</b> <b>7421 STAYSAIL COURT</b> <b>CORNELIUS NC 28031</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Holcomb, John M.</b> <b>17421 Staysail Ct.</b> <b>Cornelius, NC 28031</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>GARVEY, DANIEL J</b> <b>5021 BOULWARE COURT</b> <b>CHARLOTTE NC 28277</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Garvey, Daniel J.</b> <b>5021 Boulware Ct.</b> <b>Charlotte, NC 28277</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAT</b> <b>GLASHEEN, PAUL J</b> <b>41 RAE AVENUE</b> <b>NEEDHAM MA 02192</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S/D</b> <b>Glasheen, Paul J.</b> <b>41 Rae Ave.</b> <b>Needham, MA 02192</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRELEGAN, JEFFREY P</b> <b>17 KINGS LANE</b> <b>MEDWAY MA 02053</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Paul J. Glasheen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90074 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0579408

CR2E034 (10/00)

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004958

1. Entity Name

EASTERN SEABOARD PACKAGING, INC.

Principal Place of Business

19401 OLD JETTON ROAD, SUITE 101  
CORNELIUS NC 28031

Mailing Address

19401 OLD JETTON ROAD, SUITE 101  
CORNELIUS NC 28031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3267325

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

O'HARA, ROBERT T  
C/O EASTERN SEABOARD PACKAGING, INC.  
7576 BROKERAGE DRIVE  
ORLANDO FL 32809

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.

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 \$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

TITLE P ☐ Delete  
NAME O'HARA, ROBERT T  
STREET ADDRESS 304 FOX SQUIRREL LANE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VSTD ☐ Delete  
NAME HOLCOMB, NIKKI C  
STREET ADDRESS 7421 STAYSAIL COURT  
CITY-ST-ZIP CORNELIUS NC 28031

TITLE DAS ☐ Delete  
NAME HOLCOMB, JOHN M  
STREET ADDRESS 7421 STAYSAIL COURT  
CITY-ST-ZIP CORNELIUS NC 28031

TITLE ASD ☐ Delete  
NAME GARVEY, DANIEL J  
STREET ADDRESS 5021 BOULWARE COURT  
CITY-ST-ZIP CHARLOTTE NC 28277

TITLE DAT ☐ Delete  
NAME GLASHEEN, PAUL J  
STREET ADDRESS 41 RAE AVENUE  
CITY-ST-ZIP NEEDHAM MA 02192

TITLE D ☐ Delete  
NAME TRELEGAN, JEFFREY P  
STREET ADDRESS 17 KINGS LANE  
CITY-ST-ZIP MEDWAY MA 02053

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME \*\*\*continued\*\*\*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Capen, Charles  
STREET ADDRESS 3 Blue Heron Ct.  
CITY-ST-ZIP Medford, NJ 08055

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\*\*\*\*\*Page 2\*\*\*\*\*

DO NOT WRITE IN THIS SPACE