

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90073 028 ***150.00

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, 2002 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 ☐ Delete
D O'HARA, ROBERT T
 STREET ADDRESS
304 FOX SQUIRREL LANE
 CITY-ST-ZIP
LONGWOOD FL 32779

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

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

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

TITLE NAME ☐ Delete
VD HOLCOMB, JOHN M
 STREET ADDRESS
17421 STAYSAIL CT.
 CITY-ST-ZIP
CORNELIUS NC 28031

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

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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 #

CR2E034 (9/01)