

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073551

1. Entity Name
EASTERN SEABOARD PACKAGING FLA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90210 012 ***150.00

Principal Place of Business
7576 BROKERAGE DRIVE
ORLANDO FL 32809
US

Mailing Address
84 OCTOBER HILL ROAD
BLDG 7 LOBBY B
HOUSTON MA 01746-1308

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
350 HOPPING BROOK ROAD
Suite, Apt. #, etc.

City & State
HOLLISTON MA

Zip
01746

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
O'HARA, ROBERT T
7576 BROKERAGE DR.
ORLANDO FL 32809

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.

SIGNATURE _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VPTC HOLCOMB, NIKKI C 17421 STAYSAIL COURT CORNELIUS NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'HARA, ROBERT T 304 FOX SQUIRREL LANE LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAC GARVEY, DANIEL 5021 BOULWARE COURT CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRELEGAN, JEFFREY P 3 BLUE HERON COURT MEDWAY MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPEN, CHARLES 18 PINE BOULEVARD MEDFORD NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC GLASHEEN, PAUL 41 RAE AVE NEEDHAM MA	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 D. Glasheen CFO 4/24/00 508-429-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E(34) (9/93)