

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 259207

Entity Name: HB SEALING PRODUCTS INC.**Current Principal Place of Business:**1016 N BELCHER RD
CLEARWATER, FL 33765**Current Mailing Address:**1016 N BELCHER RD
CLEARWATER, FL 33765 US**FEI Number:** 59-0970013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO
Name BROWN, RUSS
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title PRESIDENT
Name BROWN, RUSS
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name COLLINS, BRIAN
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title TREASURER
Name COLLINS, BRIAN
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name BROWN, RUSS
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title CFO
Name COLLINS, BRIAN
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title SECRETARY
Name COLLINS, BRIAN
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name CLAUSE, DARIN
Address 1016 N BELCHER RD
City-State-Zip: CLEARWATER FL 33765

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN COLLINS**SECRETARY****08/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LINGWOOD, NIGEL
Address	12 CHARTERHOUSE SQUARE
City-State-Zip:	LONDON EC1M 6AX