

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 149954

**Entity Name:** H.B. ADAMS, INC.

**Current Principal Place of Business:**

3903 NORTHDAL BLVD  
100E  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 152671  
TAMPA, FL 33684-2671 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALHOTRA, CYRUS  
3903 NORTHDAL BLVD  
100E  
TAMPA, FL 33684-2671 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 PS  
Name ADAMS, BRUCE H  
Address PO BOX 152671  
City-State-Zip: TAMPA FL 33684-2671

Title VT  
Name ADAMS, SHIRLEY LMD  
Address PO BOX 152671  
City-State-Zip: TAMPA FL 33684-2671

*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:** BRUCE ADAMS

P

04/28/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date