

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000130259

**Entity Name:** VERITAS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

742 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

742 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 US

**FEI Number: 59-0035010**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            MARISCAL, HEATHER  
Address        742 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title            DIRECTOR  
Name            LIEGL, PETER  
Address        742 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title            SECRETARY  
Name            RADEMAKER, GARY  
Address        742 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title            CFO, TREASURER  
Name            HOMAN, DAVE  
Address        742 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

*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: HEATHER MARISCAL**

**PRESIDENT**

**04/21/2021**

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

\_\_\_\_\_  
Date