

2023 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:** 04-3727863**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	CFO, TREASURER
Name	HOMAN, DAVE
Address	742 2ND AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	SECRETARY
Name	ISAACS, JENNIFER
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: JENNIFER ISAACS**SECRETARY****04/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date