
Company Name

Certification of Information

Florida QUASR Filing
Scope Period _____
Beginning Date through Ending Date

I, _____, do hereby certify that I am currently the _____
Name of Company Officer *title*

of _____ and as such do hereby certify that the report
Company Name
submitted on _____ is true and accurate regarding the Company's Compliance
date
with Florida Statute 624.424 (10) for Scope Period _____.
Beginning Date through Ending Date

Signature

Printed name

Title

date