

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000058

**Entity Name:** AMBER'S ANTIBODIES, INC.

**Current Principal Place of Business:**

6191 SPANISH OAKS LANE  
NAPLES, FL 34119

**Current Mailing Address:**

6191 SPANISH OAKS LANE  
NAPLES, FL 34119 US

**FEI Number: 45-4170094**

**Certificate of Status Desired: No**

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

GRIDER, CRAIG D  
6191 SPANISH OAKS LANE  
NAPLES, FL 34119 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           DIRECTOR, PRESIDENT  
Name           GRIDER, CRAIG D  
Address        6191 SPANISH OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR, VP, TREASURER  
Name           GRIDER, AMBER C  
Address        6191 SPANISH OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR, SECRETARY  
Name           SMITH, KAROL M  
Address        9120 THE LANE  
City-State-Zip: NAPLES FL 34109

Title           DIRECTOR  
Name           LANGLOIS, MATTHEW  
Address        27289 HIGH SEAS LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           KIEFFER, BRYAN  
Address        8347 LAUREL LAKES BLVD.  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR  
Name           BLACK, DANIELLE  
Address        14695 INDIGO LAKES CIRCLE  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR  
Name           LANGLOIS, TEDDI  
Address        27289 HIGH SEAS LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           SMITH, RANDY  
Address        9120 THE LANE  
City-State-Zip: NAPLES FL 34109

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CRAIG D GRIDER**

**PRESIDENT**

**03/13/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KIEFFER, MELISSA  
Address        8347 LAUREL LAKES BLVD.  
City-State-Zip:  NAPLES FL 34119

Title           DIRECTOR  
Name           BLACK, BRAD  
Address        14695 INDIGO LAKES CIRCLE  
City-State-Zip:  NAPLES FL 34119