

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000058

FILED
Mar 15, 2021
Secretary of State
3564602082CC

Entity Name: AMBER'S ANTIBODIES, INC.

Current Principal Place of Business:

2338 IMMOKALEE ROAD
SUITE 342
NAPLES, FL 34110

Current Mailing Address:

2338 IMMOKALEE ROAD
SUITE 342
NAPLES, FL 34110 US

FEI Number: 45-4170094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIDER, CRAIG D
4001 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 34103 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: BRAD BLACK

DIRECTOR

03/15/2021

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

Title DIRECTOR
Name EVANS, RONNIE
Address 2639 PROFESSIONAL CIRCLE
SUITE 104
City-State-Zip: NAPLES FL 34119