

**2019 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

**Continues on page 2**

*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**

**04/23/2019**

\_\_\_\_\_  
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