

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90006 037 ***150.00

DOCUMENT # F99000006712

1. Entity Name

ISLAND DENTAL SUPPLY CO., INC.

Principal Place of Business

**175 COMMERCE DRIVE
HAUPPAUGE NY 11788**

Mailing Address

**175 COMMERCE DRIVE
HAUPPAUGE NY 11788**

A0031114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3303645

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	CAPUTO, MICHAEL	175 COMMERCE DRIVE HAUPPAUGE NY 11788	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	KAHN, LAURA	175 COMMERCE DRIVE HAUPPAUGE NY 11788	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	AS	SORACI, JUSTINA	175 COMMERCE DRIVE HAUPPAUGE NY 11788	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	ASHKIN, SHEILA	3890 PARK CENTRAL BLVD. NORTH POMPANO BEACH FL 33064	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CD	ASHKIN, MICHAEL	175 COMMERCE DRIVE HAUPPAUGE NY 11788	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	ASHKIN, CARL	175 COMMERCE DRIVE HAUPPAUGE NY 11788	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

**3890 PARK CENTRAL BLVD. NORTH
POMPANO BEACH, FL 33064**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)