

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006712**

1. Entity Name

ISLAND DENTAL SUPPLY CO., INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90133 027 ***150.00

911550



DO NOT WRITE IN THIS SPACE

Principal Place of Business 175 COMMERCE DRIVE HAUPPAUGE NY 11788		Mailing Address 175 COMMERCE DRIVE HAUPPAUGE NY 11788	
2. Principal Place of Business 60 Austin Blvd		3. Mailing Address 60 Austin Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Commack, NY 11725		City & State Commack, NY 11725	
Zip	Country	Zip	Country
		4. FEI Number 11-3303645	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPUTO, MICHAEL 175 COMMERCE DRIVE HAUPPAUGE NY 11788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Caputo, Michael 60 Austin Blvd. Commack, NY 11725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHN, LAURA 175 COMMERCE DRIVE HAUPPAUGE NY 11788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kahn, Laura 60 Austin Blvd. Commack, NY 11725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SORACI, JUSTINA 175 COMMERCE DRIVE HAUPPAUGE NY 11788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Soraci, Justina 60 Austin Blvd. Commack, NY 11725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHKIN, SHEILA 3890 PARK CENTRAL BLVD. NORTH POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ASHKIN, MICHAEL 3890 PARK CENTRAL BLVD NORTH POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHKIN, CARL 175 COMMERCE DRIVE HAUPPAUGE NY 11788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ashkin, Carl 60 Austin Blvd. Commack, NY 11725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 (10/00)