

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT 961245-TC
Regina Chiffon Miller
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
GBM Phone Company
3. ADDRESS OF THE APPLICANT(S)
 STREET 2699 Highland Avenue
 CITY Fort Myers
 STATE & ZIP Florida, 33916
4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
 OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

Hold on to these applications. Ms. Miller will be sending in a check for \$100.

Thank,
 Brenda

DOCUMENT NUMBER-DATE
 11008 OCT 15 88
 FPSC-RECORDS/REPORTING

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Regina Miller
TITLE: Owner
PHONE: 941-332-3971

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A - I'm not certified to provide services yet

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

I'm applying for certification in Florida

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

N/A

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Terria Chilton Miller

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

10-#96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State



September 27, 1996

GBM PHONE COMPANY
2699 HIGHLAND AVENUE
FORT MYERS, FL 33916

Subject: **GBM PHONE COMPANY**

REGISTRATION NUMBER: **G96270000142**

This will acknowledge the filing of the above fictitious name registration which was registered on September 26, 1996. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section
Division of Corporations

Letter No. 596A00044637

RECEIVED
FLORIDA DEPARTMENT OF STATE
SERVICE COMMISSION
96 OCT 10 AM 9 15
MAIL ROOM

DOCUMENT NUMBER-DATE

11008 OCT 15 96

FPSC-RECORDS/REPORTING

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of GBM PHONE COMPANY, registered with the Department of State on September 26, 1996, as shown by the records of this office.

The Registration Number of this Fictitious Name is G96270000142.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Twenty-seventh day of September, 1996



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

REGISTRATION OF FICTITIOUS NAME

1. GBM Phone Company
Fictitious Name to be Registered

2. 2699 Highland Avenue
Mailing Address of Business
Fort Myers, Florida 33916
City State Zip Code

3. Florida County of principal place of business: Lee

4. FEI Number: _____

FILED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 09-26-96 0003 042 ***60.00
 696270000142

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Miller Regina C 2. _____
Last First M.I.
2699 Highland Avenue _____
Address
Fort Myers, Florida 33916 _____
City State Zip Code
 SS# _____ SS# _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____ 2. _____
Entity Name

Address

City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Regina C. Miller 9-23-96
Signature of Owner Date
 Phone Number: 941-332-3971 _____
Phone Number

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (5/96)