

see TS/66 & 1X011

Interexchange Company Regulatory Assessment Fee Return

Final Return

98 J 2001 pymt

CK Amt \$159.15

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Iskel
JCEA

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TI139-01-0-R
UniversalCom, Inc.
2 North Main Street
Greenville, SC 29601-2719
DEPOSIT DATE
D168 FEB 01 2002

FOR PSC USE ONLY
Check# 039088
\$ 50.00 0603001
003001
\$ P 0603001
004011
\$ 3.15
Postmark Date 1/30/02
Initials of Preparer JRC

Please Complete Below if Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$	\$
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ 50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	3.15	
12.	TOTAL AMOUNT DUE		\$ 53.15

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC
- OTH

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected? Amount: \$ for 19
 What is the total amount of bond held (if applicable)? Amount: \$ Expires:

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) NO
 If YES, who do you lease these facilities from? Name:
 Address:

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)
 Perry Karker
 (Preparer of Form - Please Print Name)

Controller (Title) 1/24/02 (Date)
 Telephone Number 804-672-5085 Fax Number 804-672-5300
 F.E.I. No. 59-2154363

UniversalCom, Inc. (TI139)
Certificate No. 3174, Effective 06/15/93

Year	Fee	Penalty	Interest	Notes
1998	(\$0.47)	(\$0.15)	\$3.77	Payment was due 02/01/99. Payment was postmarked 04/01/99. Company paid \$389.00 RAF (\$388.53 due); \$39.00 penalty (\$38.85 due); and \$4.00 interest (\$7.77 due), leaving a balance of \$3.15 for the 1998 RAF.
2001	?			Payment is due 01/30/02. The RAF is .0015% of a company's revenues, or a minimum of \$50.00, <u>whichever is greater</u> . The 2001 RAF must be paid before staff can recommend a voluntary cancellation.

See T-157 & 11011

Shared-Tenant Service Provider Regulatory Assessment Fee Return

98 & 2001 P/MT CK Amt #159.15

STATUS:

Final Return

- Actual Return
- Estimated Return
- Amended Return

8/25/02
CEA

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TS166-01-0-R	DATE
UniversalCom, Inc.	
2 North Main Street	
Greenville, SC 29601-2719	
DEPOSIT	DATE
D168	FEB 01 2002

FOR PSC USE ONLY	
Check#	034084
\$	50.00
\$	5.00
\$	1.00
Postmark Date	1/30/02
Initials of Preparer	MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)


(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ 0.00
2.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2)	
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	50.00
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	5.00
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	1.00
7.	TOTAL AMOUNT DUE	\$ 56.00

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, 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.


(Signature of Company Official)

Controller
(Title) 1/24/02
(Date)

Perry Parker
(Preparer of Form - Please Print Name)

Telephone Number 804-672-5085 Fax Number 804-672-5300

F.E.I. No. 59-2154363

UniversalCom, Inc. (TS166)
Certificate No. 4086, Effective 10/27/95

Year	Fee	Penalty	Interest	Notes
1998	Paid	\$5.00	\$1.00	Payment was due 02/01/99. Payment was postmarked 04/01/99. Company paid \$50.00 RAP (\$50.00 due); no penalty (\$5.00 due); and no interest (\$1.00 due), leaving a balance of \$6.00 for the 1998 RAP.
2001	?			Payment is due 01/30/02. The RAP is .0015% of a company's revenues, or a minimum of \$50.00, <u>whichever is greater</u> . The 2001 RAP must be paid before staff can recommend a voluntary cancellation.

Alternative Local Exchange Company Regulatory Assessment Fee Return

Final Return
 ISL
 JSA
 CEA

See T-139 & T-166
 CK Amt \$159.15

STATUS:
 Actual Return
 Estimated Return
 Amended Return

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TX011-01-0-R
 UniversalCom, Inc.
 2 North Main Street
 Greenville, SC 29601-2719
 DEPOSIT DATE
 D168 FEB 01 2002

FOR PSC USE ONLY
 Check# 034084
 \$50.00
 0603006 003001
 P 0603006 004011
 Postmark Date 1/30/02
 Initials of Preparer MK

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

() Facilities-Based Provider
 CURRENT COMPANY STATUS
 Reseller
 Other: _____

BILLING INFORMATION
 Complete below if billing agent if other than yourself.
 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION
 Do you lease telecommunications facilities? (YES) (NO)
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)
 Perry Parker Controller 1/24/02
 Telephone Number (804) 672-5085 Fax Number (804) 672-5300
 F.E.I. No. 59-2154363



January 25, 2002

Florida Public Service Commission
Attn: Paula Isler
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0876

Dear Ms. Isler:

Enclosed is the remittance due for UniversalCom, Inc. (utility codes TX011, TS166, TI139) per our phone conversation. I trust that this will be sufficient to close these three accounts effective 12/31/01. Please contact our office if any further action is required on our behalf. You can reach me at 864-672-5147 between the hours of 8:30 a.m. and 5:30 p.m. Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Perry Parker", written over a horizontal line.

Perry Parker
Staff Accountant

2002 JAN 30 PM 3:32
DIVISION OF
COMPETITIVE SERVICES