

## STATE OF FLORIDA

COMMISSIONERS: LILA A. JABER, CHAIRMAN J. TERRY DEASON BRAULIO L. BAEZ MICHAEL A. PALECKI RUDOLPH "RUDY" BRADLEY



DIVISION OF THE COMMISSION CLERK & ADMINISTRATIVE SERVICES
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## Hublic Service Commission

June 13, 2002

Gary A. Oyler 4001 Marianna Road Jacksonville, FL 32217-3609

(020000)

Dear Mr. Oyler:

Your check number 1106 dated June 7, 2002 for \$68.50, is being returned herewith as the check was made out to the Florida Department of Revenue when it should have been made out to the Florida Public Service Commission. Please resubmit payment.

Should you have any questions, please contact Ms. Martha Coggins at the above address or telephone number.

Yours truly,

Karen O. Belcher/m Karen O. Belcher

Finance and Accounting Director

KB:mc Enclosures (2)

cc:

Martha Coggins, Fiscal Services Section
Paula Isler, Competitive Markets Compliance
Kay Flynn, Records and Hearing Services

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Pay Telephone Service Provider Regulatory Assessment Fee Return FOR PSC USE ONLY Florida Public Service Commission 1106 STATUS: (See Filing Instructions on Back of Form) TG187-01-0-R 0603002 Actual Return Estimated Return Gary A. Oyler Amended Return 4001 Marianna Road 0603002 004011 Jacksonville, FL 32217-3609 PERIOD COVERED: 01/01/2001 TO 12/31/2001® CC: P. Isler Initials of Preparer Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) (City/State) (Zip) LINE ACCOUNT CLASSIFICATION NO. Gross Operating Revenue (Florida) 1. 2. Gross Intrastate Revenue LESS: Amounts Paid to Other Telecommunications Companies\* 3. (see "2. Fees" on back) TOTAL REVENUES for Regulatory Assessment Fee Calculation 4. (Line 2 less Line 3) Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015) 5. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) Interest for Late Payment (see "3. Failure to File by Due Date" on back) 7. 8. TOTAL AMOUNT DUE AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED 9. Number of pay telephones in operation at close of period covered by this Return These amounts must be intrastate only and must be verifiable. 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) epaper of Form - Please Print Name)

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002 📝

GOTEL	1106
PAY -/ D / J J.	DATE 6-7-06 63-1392/630 641
Sixty-eight dellars and Four	DOLLARS (1) Receive formers.
Compass Bank  Jacksonville, Florida (60)	04
FOR	Huy Wufe
or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt	

owing are confidential and exempt from subsection (1)

and s.24(a), Art. 1 of the State Constitution . . .