

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR AUTHORITY TO PROVIDE
SHARED TENANT SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

020872-TS

- ◆ This form is used as an application for an original certificate or for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee. No fee applies for approval of the assignment or transfer of an existing certificate to another certificated company
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

NOTE: No filing fee is required for an assignment or transfer of an existing certificate to another company.

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480**

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.
Initials of person who forwarded check:

[Handwritten signature]

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DISTRIBUTION CENTER DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

1. This is an application for (Check One):

Original Certificate

Approval of Transfer of Existing Certificate

Example: a non-certificated company purchases a certificated company and desires to retain the original certificate of authority.

Approval of Assignment of Existing Certificate

Example: a certificated company purchases a certificated company and desires to retain the certificate of authority of that company.

Approval of transfer of control

Example: a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company or name of individual (not fictitious name or d/b/a):

~~LMG ENTERPRISES~~

3. Name under which applicant will do business (fictitious name, etc.)

~~LMG ENTERPRISES~~

4. Official mailing address (including street name & number, Post Office Box, City, State, and Zip code):

8789 Commerce Drive, Bonita Springs, Florida, 33923

5. Florida address (including street name & number, Post Office Box, City, State, and Zip code):

8789 Commerce Drive, Bonita Springs, Florida, 33923

6. Structure of organization:

() Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership (x) Limited Partnership
(x) Other Delaware, LLC

7. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate Registration
Number: _____

9. If a foreign corporation, provide proof of authority to operate in Florida

(a) Florida Secretary of State Corporate Registration
Number: _____

10. If using fictitious name d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

(a) Florida Secretary of State Fictitious Name Registration
Number: _____

11. If a limited liability partnership, provide proof of registration to operate in Florida.

(a) Florida Secretary of State Registration
Number: _____

12. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

(a) Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(b) Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, Florida Statutes):

(a) The Florida Registration
Number: _____

14. Provide F.E.I. Number (if applicable): 58-2584328

15. Who will bill for your services?

Name: LMG Enterprises

Address: 8789 Commerce Drive

City/State/Zip: Bonita Springs, Florida, 33923

Telephone No.: (239) 872-5469

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Terry Day

Title: Manager

Address: 8789 Commerce Drive

City/State/Zip: Bonita Springs, Florida, 33923

Telephone No.: 239 872-5469 Fax No.: 239 495-3784

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaint/Inquiries from Customers:

Name: Same

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

(a) has applications pending to be certificated as a shared tenant service provider.

NONE

(b) is certificated to operate as a shared tenant service provider.

NONE

(c) has been denied authority to operate as a shared tenant service provider and the circumstances involved.

NONE

(d) has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders and the circumstances involved.

NONE

- (e) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

18. Indicate if any officers, directors, or any of the ten largest stockholders have previously been:

- (a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NONE

- (b) Officer, director, partner or stockholder and any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NONE

19. Submit the following:

A. Managerial Capability

Give resumes of employees and officers of the company that would indicate sufficient managerial experiences of each.

B. Technical Capability

Give resumes of employees and officers of the company that would indicate sufficient technical experience or indicate what company has been contracted to perform technical service.

C. Financial Capability

The application must contain the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements must be signed by the applicant's chief executive officer and chief financial officers affirming that the financial statements are true and correct and must include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Further, the following (which includes supporting documentations) must be provided:

1. A written explanation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. A written explanation that the applicant has sufficient financial capability to maintain the requested service.
3. A written explanation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

****APPLICANT ACKNOWLEDGMENT STATEMENT****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of **0.15 of one percent** of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of **two and one-half percent** on all intra- and interstate business.
3. **SALES TAX:** I understand that a **seven percent** sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

T Cliff Day
Print Name

Manager
Title

239 872-5469
Telephone No.

Terry Day
Signature

07/15/02
Date

239 495-3784
Fax No.

Address: 8789 Commerce Drive, Bonita Springs, Florida, 33923

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide shared tenant service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding shared tenant services. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year) and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

T Cliff Day
Print Name

Terry Day
Signature

Manager
Title

07/15/02
Date

239 872-5469
Telephone No.

239 495-3784
Fax No.

Address: 8789 Commerce Drive, Bonita Springs, Florida, 33923

CERTIFICATE TRANSFER OR ASSIGNMENT STATEMENT

I, (Name) _____

(Title) _____

of (Name of Company) _____

and current holder of Florida Public Service Commission Certificate Number # _____

have reviewed this application and join in the petitioner's request for a:

transfer

assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Print Name _____

Signature _____

Title _____

Date _____

Telephone No. _____

Fax No. _____

Address: _____

