

Pay Telephone Service Provider Regulatory Assessment Fee Return

021129-JC

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG709-01-0-R
Mailman Joey's, Inc.
4100 North Wickham Road, Unit 102
Melbourne, FL 32935-2474

DEPOSIT LATE

D269 NOV 06 2002

Use Complete Below if Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 1939
\$ 50.00
0603002
003001
\$ _____ P
0603002
004011
\$ _____ I
Postmark Date 11/2/02
Initials of Preparer MC

PERIOD COVERED:
01-01-2002 TO
12-31-2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.

ACCOUNT CLASSIFICATION

AMOUNT

1. Gross Operating Revenue (Florida) \$ 0
2. Gross Intrastate Revenue _____
3. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) _____
4. TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) \$ _____
5. Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015) _____
6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) _____
7. Interest for Late Payment (see "3. Failure to File by Due Date" on back) _____
8. TOTAL AMOUNT DUE \$ 50.00

Please cancel our certificate. The pay phone is no longer in use since 2001. J. Isler

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 0

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

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

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]
(Signature of Company Official)

[Signature]
(Title)

10-4-02
(Date)

(Preparer of Form - Please Print Name)

Telephone Number 321 752-4033 Fax Number 321 752-8055

F.E.I. No. _____

DOCUMENT NUMBER-DATE

12116 NOV-58

COMMISSION CLERK