

930670-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

0434 JUL 12 1998

1. LEGAL NAME OF THE APPLICANT
DENNIS R. PETERS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
NAD TECHNOLOGIES INC.

3. ADDRESS OF THE APPLICANT(S)
STREET 5851 Holmberg Rd, Ste. 3221
CITY Parkland
STATE & ZIP FL, 33067

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
B. PARTNERSHIP
C. CORPORATION
D. DOING BUSINESS UNDER A FICTITIOUS NAME

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)

6. IF APPLICANT IS A PARTNERSHIP ATTACH:
A. A COPY OF THE PARTNERSHIP AGREEMENT.
B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

DOCUMENT NO. 07365 JUL-98

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME

See Attached.

ADDRESS

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

NAME:

DENNIS PETERS

TITLE:

PRESIDENT / NAD TECH

PHONE:

305-753-2806

9. 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

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME _____

ADDRESS _____

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

NAME: _____

TITLE: _____

PHONE: _____

9. 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 _____

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

_____ N/A _____

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

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

NO

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

N/A

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

N/A

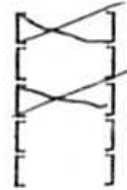
12. DESCRIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:

The ELCOTEL pay telephone; SERIES 5 (LINE POWERED), has the same appearance and call procedures as the existing BELL payphones. These telephones are full featured smart phones; public pay phones, using coins, calling cards, credit cards, collect calls, ect. The phone allows free calls to 411, 800, 911.

13. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

14. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- A. PERSONALLY
- B. FULL-TIME TECHNICIAN
- C. PART-TIME TECHNICIAN
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT
- E. OTHER, DESCRIBE

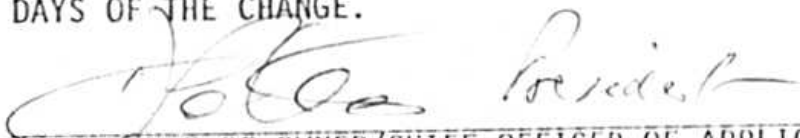


15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

These payphones provide equal access
to all long distance carriers, access is
provided via 10xxx, 1-800 and 950.

1. Dennis R. Peters President
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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.


(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 7-6-93

APPLICANT ACKNOWLEDGEMENT CARD

Applicant NAD TECHNOLOGIES INC

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature



Title

PRESIDENT

Date

7-6-93

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

07365 JUL-98
POSTNET

DENNIS
PETERS

CITY OF CORAL SPRINGS
5410 WEST SANDWICH RD
P.O. BOX 734501
CORAL SPRINGS FL 33075-4501

NAD TECHNOLOGIES INC
IN FULLY LICENSED TO EMPLOYEES
SERVICES/COMPUTER
COMPUTER/TELECOMMUNICATIONS
CONSULTANTS



OCCUPATIONAL LICENSE
9130 WILES RD 176

NAD TECHNOLOGIES INC
9130 WILES ROAD
176
CORAL SPRINGS FL 33065

POST IN A CONSPICUOUS PLACE
CITY OF CORAL SPRING
BUILDING DEPARTMENT
VALIDATED
11/09/92

11/09/92
11:00:00
11/15/98
3/30/99

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

0739 JUL 12 1993

1. LEGAL NAME OF THE APPLICANT

DENNIS R. PETERS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

NAO TECHNOLOGIES INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 5851 Holmberg Rd, Ste. 3221

CITY Parkland

STATE & ZIP FL, 33067

4. TYPE OF ORGANIZATION (CHECK ONE)

- A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
- B. PARTNERSHIP
- C. CORPORATION
- D. DOING BUSINESS UNDER A FICTITIOUS NAME

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)

6. IF APPLICANT IS A PARTNERSHIP ATTACH:

DENNIS R. PETERS 1-91 July 6 19 93 401
 PAY TO THE ORDER OF Florida Public Service Comm \$ 100 -
One Hundred DOLLARS
 FOR COCOT Certificate Dennis R. Peters

07365 JUL-93

Dear **Mr. Peters:** _____ DATE **7/9/93**
RE: Docket No. **930670-TC**

This will acknowledge receipt of

**Application for certificate to provide Pay Telephone
Service by NAD TECHNOLOGIES, INC.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk BY: **lcw**