

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

Laura Rowe Grams

D273

MAR 14 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Telecom South <sup>Company Name</sup> Laura Rowe <sup>owner</sup>

3. ADDRESS OF THE APPLICANT(S)

STREET 1911 Curry Rd  
CITY Tampa  
STATE & ZIP FL 33549

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of State's Office.

MAR 13 AM 8 43 '96

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

DOCUMENT NUMBER-DATE

03082 MAR 14 '96

FPSC-RECORDS/REPORTING

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

NAME: Laura Rowe

TITLE: Owner

PHONE: (913) 977-0113

6. 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

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A

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

N/A

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



I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. 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.

*Laura Rowe*

\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 8 March 1996



**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant Telecom South Laura Rowe

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

Signature Laura Rowe

Title Owner

Date 8 March 1996

**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.**

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Mailed  
3-8-96

Section 1

1. Telecom South  
Fictitious Name to be Registered

2. 1911 Curry Rd  
Mailing Address of Business

City Tampa, Florida FL 33549  
Zip Code

3. Florida County Hillsborough

4. FEI Number: \_\_\_\_\_

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. Rowe Laura 2. \_\_\_\_\_  
Last First M.I. Last First M.I.

1911 Curry Rd \_\_\_\_\_  
Address Address

Tampa FL 33549 \_\_\_\_\_  
City State Zip Code City State Zip Code

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Entity Name Entity Name

\_\_\_\_\_ \_\_\_\_\_  
Address Address

\_\_\_\_\_ \_\_\_\_\_  
City State Zip Code City State Zip Code

Florida Registration Number \_\_\_\_\_ Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_ FEI Number: \_\_\_\_\_

Applied for  Not Applicable  Applied for  Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Laura Rowe 8 March 1996 \_\_\_\_\_  
Signature of Owner Date Signature of Owner Date

Phone Number: 913 977-0113 Phone Number: \_\_\_\_\_

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Signature of Owner Date Signature of Owner Date

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30

**FILING FEE: \$50**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (3/95)

960337-TL

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Laura Rowe Grams
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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

KEITH GRAMS OR  
LAURA ROWE GRAMS  
1911 CURRY RD.  
LUTZ, FL 33549

March 8, 1996

793 03-27/93



Pay to the State of Florida Public Service Comm. \$100.00

en registered with

One Hundred and 00/100s

**NationsBank** USA  
Official Sponsor 1994/1998 U.S. Olympic Team  
NationsBank of Florida, N.A.  
Lakeland, Florida

EXTRA CHECKING CUSTOMER

Laura Rowe

DOCUMENT NUMBER-DATE

03082 MAR 14 96

FPSC-RECORDS/REPORTING

Application Fee