

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: May 29, 1997

Docket No. 970650 - II

TFW

1. Division Name/Staff Name: Communications/T. Williams

2. OPR: T. Williams/J. Strong

3. OCR: _____

4. Suggested Docket Title: Request for name change on Interexchange Telecommunications Certificate No. 2929 from WATS/800, INC. d/b/a ITS (TIO19) to WATS/800, INC. d/b/a ITS and d/b/a ITS BILLING and d/b/a INFORMATION AND TELEPHONE SERVICES and d/b/a FOX FIBER OPTIC.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

DOCUMENT NUMBER-DATE
05471 MAY 30 97
REGISTRATION/REPORTING

WIGGINS & VILLACORTA, P.A.

ATTORNEYS AT LAW

501 EAST TENNESSEE STREET

POST OFFICE DRAWER 1657

TALLAHASSEE, FLORIDA 32302

TELEPHONE (904) 222-1534

TELECOPIER (904) 222-1689

ORIGINAL
FILE COPY

May 27, 1997

Ms. Walter D'Haeseleer
Director of Communications
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: Certificate Number 2929
WATS/800, Inc.

Dear Mr. D'Haeseleer:

WATS/800, Inc., certified to provide interexchange telecommunications services pursuant to Certificate No. 2929, has asked us to advise the Commission that it wishes to use the following fictitious names for various product offerings, as follows:

ITS Billing
ITS
Information and Telephone Services
Fox Fiber Optic

Enclosed are copies of the Company's Fictitious Name Registrations from the Florida Secretary of State for each of the above names.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPV _____
- TCH _____
- SEC _____
- VAS _____
- YTH _____

The Company will submit the necessary revised tariff pages and labels by June 4, 1997.

Please contact me if any additional information is required.

Sincerely,

Patrick K. Wiggins
Patrick K. Wiggins

PKW:plk



Handwritten notes and stamps at the bottom right of the page.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
09-07-94 0003 050 ***80.00
894250000150

Section 1

- Information & Telephone Services
Fictitious Name to be Registered
- 5955 T.G. Lee Blvd., 4th Floor
Mailing Address of Business
- County of Orange
- City of Orlando Florida 32822
Zip Code
- FEI Number: 35786336

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s) (use additional sheets if necessary):

- | | |
|---|---|
| 1. <u>N/A</u>
Last First M.I.
Address
City State Zip Code
SS# | 2. <u>N/A</u>
Last First M.I.
Address
City State Zip Code
SS# |
|---|---|

B. Owner(s) of Fictitious Name if Corporation(s) (use additional sheets if necessary):

- | | |
|--|--|
| 1. <u>WATS/800, Inc</u>
Corporate Name
<u>5955 T.G. Lee Blvd., 4th Floor</u>
Address
<u>Orlando</u> <u>Florida</u> <u>32822</u>
City State Zip Code
Corporate Document Number: <u>P33439</u>
FEI Number: <u>351786336</u>
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. <u>N/A</u>
Corporate Name
Address
City State Zip Code
Corporate Document Number:
FEI Number:
<input type="checkbox"/> Applied for <input type="checkbox"/> 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)

WATS/800, Inc.

By: <u>[Signature]</u> <u>8/31/94</u> Signature of Owner Date	Signature of Owner Date
Phone Number: <u>(407) 855-1500</u>	Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME 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
--------------------	------	--------------------	------

Certificate of Status — \$10

Certified Copy — \$30

FILING FEE: \$50

[Handwritten initials]

REGISTRATION OF FICTITIOUS NAME

FILED

97 FEB 21 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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- 1. ITS Billing
Person's name to be registered
- 2. 616 South Dillard Street
Address
Winter Garden, FL 34787
- 3. County of Orange
- 4. City of Orlando, Florida 34787
- 5. FEI Number: 59-3421243

This space for office use only

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2

A. Owner(s) of Fictitious Name if Individual(s) (use additional sheets if necessary):

- 1. N/A
Last First MI
Address
City State Zip Code
- 2. N/A
Last First MI
Address
City State Zip Code

B. Owner(s) of Fictitious Name if Corporation(s) (use additional sheets if necessary):

- 1. WATS/800, Inc.
Corporate Name
616 South Dillard Street
Address
Winter Garden, FL 34787
City State Zip Code
Corporate Document Number: P33439
FEI Number: 351786335
- 2. N/A
Corporate Name
Address
City State Zip Code
Corporate Document Number: _____
FEI Number: _____

Applied for Not Applicable Applied for Not Applicable

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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 80, 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)

WATS/800, Inc.
Leigh R. Meininger 2/12/97
By: Leigh Meininger, as Trustee
Signature of Owner Date
Phone Number: 407-246-1585

Signature of Owner Date
Phone Number: _____

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FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME 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

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

A copy of the filed copy has been ordered - will forward upon receipt!

1. ITS
Fictitious Name to be Registered

2. 5955 T.G. Lee Blvd., 4th Floor
Mailing Address of Business

3. County of Orange

4. City of Orlando Florida 32822
Zip Code

5. FEI Number: 351786336

This space for office use only

A. Owner(s) of Fictitious Name if Individual(s) (use additional sheets if necessary):

1. N/A Last First M.I.
Address
City State Zip Code
SS#

2. N/A Last First M.I.
Address
City State Zip Code
SS#

B. Owner(s) of Fictitious Name if Corporation(s) (use additional sheets if necessary):

1. WATS/800, Inc. Corporate Name
5955 T.G. Lee Blvd., 4th Floor Address
Orlando Florida 32822 City State Zip Code
Corporate Document Number: P33439
FEI Number: 351786336
 Applied for Not Applicable

2. N/A Corporate Name
Address
City State Zip Code
Corporate Document Number: _____
FEI Number: _____
 Applied for Not Applicable

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 90, Florida Statutes, in the county where the applicant's principal place of business is located. I understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

WATS/800, Inc.

By: [Signature] Date 8/31/94
Signature of Owner Date
Phone Number: (407) 855-1500 Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME 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

Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$60

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED

97 FEB 21 AM 7:39

CLERK OF STATE FLORIDA

Section 1

- 1. Fox Fiber Optics
(Please print name to be registered)
- 2. 616 South Dillard Street
(Please print name of business)
Winter Garden, FL 34787
- 3. County of Orange
- 4. City of Orlando, Florida 34787
- 5. FEI Number: 59-3351610

Post-It® Fax Note	7671	Date	5/23	# of pages	4
To	<u>Pat Wiggins</u>	From	<u>Trust</u>		
Co./Dept.		Co.			
Phone #		Phone #	<u>407-877-545</u>		
Fax #	<u>904-222-1659</u>	Fax #			

Section 2

A. Owner(s) of Fictitious Name If Individual(s) (use additional sheets if necessary):

1. <u>N/A</u> <small>Last First MI</small>	2. <u>N/A</u> <small>Last First MI</small>
<u>Address</u>	<u>Address</u>
<u>City State ZIP Code</u>	<u>City State ZIP Code</u>
<u>SS#</u>	<u>SS#</u>

B. Owner(s) of Fictitious Name If Corporation(s) (use additional sheets if necessary):

1. <u>WATS/800, Inc.</u> <small>Corporate Name</small>	2. <u>N/A</u> <small>Corporate Name</small>
<u>616 South Dillard Street</u> <small>Address</small>	<u>Address</u>
<u>Winter Garden, FL 34787</u> <small>City State ZIP Code</small>	<u>City State ZIP Code</u>
Corporate Document Number: <u>P33439</u>	Corporate Document Number: _____
FEI Number: <u>351786336</u>	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 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 defined in chapter 60, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand if signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

WATS/800, Inc.
Leigh K. Meininger 2/13/97
By: Leigh Meininger, as Trustee
Signature of Owner Last Signature of Owner Last

Phone Number: 407-246-1585 Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME 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