

STATE OF FLORIDA

Commissioners:
E. LEON JACOBS, JR., CHAIRMAN
J. TERRY DEASON
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BRAULIO L. BAEZ
MICHAEL A. PALECKI



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

May 18, 2001

Mr. Steven L. Nelson
4415 SW Fireside Circle
Port St. Lucie, FL 34953-5464

Re: Docket No. 010584-TC

Dear Mr. Nelson:

This is a follow up to our telephone conversation yesterday afternoon. During our conversation, you advised me that you went out of the payphone business on April 30, 2000 and that you want to cancel your certificate.

Attached are the 2000 and 2001 Regulatory Assessment Fee (RAF) return forms, which need to be completed and returned, along with payment and a letter requesting voluntary cancellation. Your letter should be addressed to Ms. Blanca Bayó, Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850, and should include the docket number. A breakdown of the amount due is attached.

If you wish to discuss this or have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Sincerely,

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

cc: Docket No. 010584-TC
Division of Legal Services (K. Peña)

DOCUMENT NUMBER - DATE
06304 MAY 18 2001
FPSC RECORDS/REPORTING

Steven L. Nelson (TG606)
Certificate No. 7168, Effective 10/15/99

Year	Fee	Penalty	Interest	Notes
2000	\$50.00	\$10.00	\$2.00	<p>Payment was due 01/30/01. The amount shown to the left is the minimum amount due <u>IF</u> payment is postmarked by 05/30/01.</p> <p>If payment is postmarked between 05/31/01 and 06/29/01, the penalty increases to \$12.50 and the interest increases to \$2.50, for a total of \$65.00 for 2000.</p>
2001	\$50.00	N/A	N/A	<p>If the company wishes to cancel its pay telephone certificate, the 2001 RAF either needs to be paid with the past due amount or provide a date certain it will be paid.</p>
Total	\$100.00	\$10.00	\$2.00	<p>Total if payment is postmarked by 05/30/01: \$112.00.</p> <p>Total if payment is postmarked between 05/31/01 and 06/29/01: \$115.00</p>

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- _____ Actual Return
- _____ Estimated Return
- _____ Amended Return

TG606
 Steven L. Nelson
 4415 S.W. Fireside Circle
 Port St. Lucie, FL 34953-5464

PERIOD COVERED:
 01/01/2000 TO 12/31/2000

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 003001

\$ _____ P
 0603002
 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
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	\$ _____

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 _____

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

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 of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG606
 Steven L. Nelson
 4415 S.W. Fireside Circle
 Port St. Lucie, FL 34953-5464

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
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