

Pay Telephone Service Provider Regulatory Assessment Fee Return **010584-TC**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
ROR*

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

FOR PSC USE ONLY	
Check# <u>1201</u>	
\$ <u>50.00</u>	0603002
\$ <u>10.00</u>	003001
\$ <u>2.00</u>	P
	0603002
	004011
Postmark Date <u>5/30/01</u>	
Initials of Preparer <u>mc</u>	

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

Please Complete Below If Official Mailing Address Has Changed

STEVEN L. NELSON (Name of Company) 4415 S.W. FIRESIDE CIR (Address) PORT ST. LUCIE, FL 34953 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>493.55</u>
2.	Gross Intrastate Revenue ↓	<u>74.83</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(14.28)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>60.55</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>62.00</u>

- APP
- CAF
- CMP
- COM
- GTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- OTH

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

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.

Steven L. Nelson (Signature of Company Official) OWNER (Title) 5-29-01 (Date)

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

F.E.I. No. _____

DOCUMENT NUMBER-DATE

06945 JUN-4

PSC-RECORDS/REPORTING

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
 DEPOSIT DATE
 D076 JUN 05 2001

FOR PSC USE ONLY
 Check# 1201
 \$ 50.00 0603002
 003001
 \$ P
 0603002
 004011
 \$
 Postmark Date 5/30/01
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

STEVEN L. NELSON 4415 S.W. FIRESTONE CIR PORT ST. LUCIE, FL. 34953
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 00
2.	Gross Intrastate Revenue	00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(00)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 00
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	50.00
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

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 _____

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Steven L. Nelson
 (Signature of Company Official)

OWNER
 (Title) 5-29-01
 (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

5-29-01

ATTN: Public Service Comm.

THIS IS TO INFORM YOU THAT AS OF
5-31-00 I HAVE NO LONGER BEEN IN THE
PAYPHONE BUSINESS.

IN REGARDS TO DOCKET #010584-TC,
THE CERTIFICATE SHOULD BE CANCELED.
THUS THIS IS A VOLUNTARY CANCELLATION
OF MY CERTIFICATE AS I AM NO LONGER
IN BUSINESS.

Thank You
Steven L. Nelson

INTRASTATE CALLS 2000

FEB	1	2000	INK ADDICTION	1.23
MAR	10	00	SHANG HAI REST.	1.98
MAR	1	00	INK ADDICTION	1.47
April	10	00	SHANG HAI REST.	1.13
April	11	00	BEAUTY ACCAD. INSIDE	.78
April	1	00	INK ADDICTION	8.57
MAY	10	00	SHANG HAI REST.	3.56
MAY	1	00	INK ADDICTION	32.84
JUNE	10	00	SHANG HAI REST.	1.37
JUNE	1	00	INK ADDICTION	21.90
				<u>74.83</u>

Sprint

5/22/2000

Attn : Joy .

This is a request to cancel your services for the following payphone numbers and locations. I request this cancelation to be in affect by the close of business on 5/31/2000.

- #1. Shang Hai Resturant @ 6636 S. Federal HWY. Port St. Lucie Fl. 34952
#561-464-8350
- #2. Port St. Lucie Beauty Academy @ 7644 US HWY 1, Port St. Lucie, Fl.
561-873-9637 (inside)
- #3. Port St. Lucie Beauty academy @ 7644 US HWY 1, Port St. Lucie, Fl.
561-873-9638 (outside)
- #4. Ink Addiction Tattoo @ 415 S.E. Monterey rd. Stuart Fl. 34994
561-223-9649

Any problems with this request please contact me at 561-336-1128 after 4 pm

Thank You

Steven L. Nelson
Steven L. Nelson

DAVE COMMUNICATIONS

5/22/2000

Attn : Yezenia

This is a request to cancel your services for the following payphone numbers and locations. I request this cancelation to be in affect by the close of business on 5/31/2000.

- #1. Shang Hai Resturant @ 6636 S. Federal HWY, Port St. Lucie, Fl. 34952
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Thank You

Steven L. Nelson
Steven L. Nelson