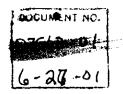
				7
1.	Name of company or name of indiv MARIC BEVENCE	vidual (not fictitious na	ے me or d/b/a):	010922-70
2.	Name under which applicant will do busi <u>MARK</u> <u>BEVENCE</u> Official mailing address: Street: <u>233</u> <u>36</u> ⁺⁴	iness (fictitious name, etc.)	: (7K 108
3.	Official mailing address:		1	\$ 100.00
	Street: 233 36 + 4	ST NE	7	and
	P.O. Box:			110
	City: BRADENTON	······		
	State: FL			
ŀ.	Florida address: Street: <u>2-33 36 74 5</u> R.O. Pari:			
	P.O. Box:			
	State: <u>FL</u>	Zip: <u>34200</u>	۶ <u>۶</u>	
	Structure of organization:	DEPOSIT	DATE	
	(4) Individual	D084.*	JUN 2 8 2001	
	() Corporation		、	
	() General Partnership			
	() Limited Partnership			
	() Other:	·		
	If incorporated in Florida, provide proof o	f authority to operate in Flo	orida:	

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- 1. Name of company or name of individual (not fictitious name or d/b/a): MARC BEVENCEI
- 2. Name under which applicant will do business (fictitious name, etc.): MARK BEVERLEY
- 3. Official mailing address: Street: 233 36 + ST NE P.O. Box: City: BRADENTON State: <u>FL</u> Zip: <u>34208</u> 4. Florida address: Street: 2.33 36 74 57 NE P.O. Box: _____ City: BRADENTON State: <u>FL</u> Zip: <u>34208</u> 5. Structure of organization: ()-Individual () Corporation () General Partnership
 - () Limited Partnership
 - () Other:
- 6. If incorporated in Florida, provide proof of authority to operate in Florida:

	Florida Secretary of State Corporate Registration Number:					
COM CTR HCR LEG OPC PAI HGO	Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc	Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of the copy of check to the copy of chec				
SEC XER XIH	DOCUMENT NUMBER-DATE	to RAR with proof of doposit.				
	FPSC RECORDS/REPORTING					

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

.

.

	Florida Fictitious Name Registration Number:
8.	F.E.I. Number (if applicable):
9.	If individual, provide:
	Name: MARK BEVENLEY
	Title:
	Address: 233 3674 ST NO
	City/State/Zip: BRADENTON FL 34208
	Telephone No.: <u>941-750-8915</u> Fax No.: <u>941-750-9795</u>
	Internet E-Mail Address: MARKCBL@ Negzeno, Com
	Internet Website Address:
10.	If partnership, provide name, title and address of all partners and a copy of the partnership agreement:
	1. Name:
	Title:
	Address:
	City/State/Zip:
	Telephone No.:Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
10.	Partnership (continued)

2.	Name:	 	
	Title:	 <u> </u>	······
	Address:	 	
	City/State/Zip:	 .	
	Telephone No.:	 Fax No.:	
	Internet E-Mail Address:	 	
	Internet Website Address:	 	

11. Who will serve as liaison to the Commission with regard to the following?

1. The application:

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· ·

Name: MARIC BEVERLEY
Title:
Address: 233 3674 ST NE
City/State/Zip: BRADENTON FL 34208
Telephone No.: <u>941-750-8515</u> Fax No.:
Internet E-Mail Address: MARECBZ @ NetZens. com
Internet Website Address:

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: MARE BEVENLEY
· · · · · · · · · · · · · · · · · · ·
Title:
Address: 233 36 TH ST NE
City/State/Zip: BRADENTON PL 34208
Telephone No.: <u>94/-750-8915</u> Fax No.:
Internet E-Mail Address: MARECBI @ Net Zero, Com
Internet Website Address:

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation:_	f
	IL A
dad <u>en plena Tagin ang</u> panan at ing pananakan at aga	All H
/	
	7

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO	
	··

15. List other states in which the applicant:

Is currently providing pay telephone service. 1.

A Has applications pending to be certified as a pay telephone provider. 2. -----Ĥ 3. Has been denied authority to operate as a pay telephone provider. Explain circumstances. NO _____ Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. 4. NO Please check (\checkmark) the services that will be provided: WLOCAL (MONG DISTANCE (4)COIN-(ACALLING CARD (CREDIT CARD

16.

() OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:

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How does the applicant intend to service and maintain each payphone? Check
 (✓) all that apply.

L-TIME TECHNICIAN RT-TIME TECHNICIAN RVICE/REPAIR/MAINTENANCE CONTRACT HER (Describe)
ne installed pay telephones provide access to all locally available carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll fro , and 888)? See Rule 25-24.515(10), Florida Administrative Cod Yes No Explain:
he installed pay telephones conform to subsections 4.28.8.4 ar nerican National Standard (CABO/ANSI A117.1-1992), Accessib Buildings and Facilities, approved December 15, 1992 by th tional Standards Institute, Inc.? See Rule 25-24.515(18), Florid re Code. Yes No Explain:
'e / /(

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****APPLICANT FEE/TAX STATEMENT****

- 1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of **two and one-half percent** on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intra- and interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

MARK	<u>c c Beve</u>	ney	m	Beverley
Print Name		7	Signa	ture
				6/22/01
Title			Date	/
941-750	-8915		941	- 750 - 9745
Telephone N	lo.		Fax N	0.
Address:	233	3674	STN	1 E
	BRAD	CN TUN	FL	34208
				<u>, , , , , , , , , , , , , , , , , , , </u>
				and a second

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

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UTILITY OFFICIAL:

<u>MARE</u> Print Name	Bevence	/	<u>M Beverder</u> Signature	
			6/22/6/	
Title			Date	
941-750	-8915-		941-750-9795	
Telephone N	lo.		Fax No.	
Address:	233 30	5 74 S7	NE	
	BRADEN TO	N FL	34708	

****APPLICANT ACKNOWLEDGMENT****

Applicant: MARK C. BEVERLEY

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

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MARKC	Beven	LCV		m 15	everly	
Print Name				Signature		
		~		6	122/01	
Title				Date		·
941-750	0-8915		<u>, </u>	941-7	150-9795	
Telephone N				Fax No.		
Address:	233	36 TH	57	NE		
	BRAD	en Ton]	FL	34208	
	····				a	
						·····

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