

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Docket 01/206-TC

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)

TF265-01-0-R
ETS Payphones of Florida, Inc.
1490 Westfork Drive, Suite G
Lithia Springs, GA 30122-1509
DATE
D127 OCT 11 2001

FOR PSC USE ONLY
Check# 098279
\$ 50.00 0603002
003001
P
0603002
004011
I
Postmark Date 10/5/01
Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

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

RECEIVED
OCT - 8 2001
CONSUMER AFFAIRS

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ - 0 -
2.	Gross Intrastate Revenue	- 0 -
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)	\$ - 0 -
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

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

* ~~0~~
* all payphones operational under ETS Payphones, Inc.
TF697

* 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]
(Signature of Company Official)

C.E.O. (Title) 9/25/01 (Date)

APP _____
CAF _____
CMP _____
COM (Preparer of Form - Please Print Name)

Telephone Number () _____ Fax Number () _____

- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH _____

01 OCT 10 AM 10 26
DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE
12894 OCT 10 02
FPSC-COMMISSION CLERK