void penalty and interest charges. Pay Telep	the regulatory assessment fee return must be filed on or before 01/30/20 ohone Service Provider Regulatory Assessment	Fee ReturnORIGINAL
ATUS:	D11672-73 Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TG181-01-0-R provide Collection of the State	\$ <u>50.00</u> 0603002 003001 \$P 0603002 004011
Eriod covered: 1/01/2001 TO 12/31/2001	Moore Haven FL 33471-8385TE D1490 DEC 212001	S Postmark Date <u>12/18/01</u> Initials of Preparer <u>mc</u>

Please Complete Below If Official Mailing Address Has Changed

.

	(Name of Company)	(Address)	(City/State)	(Zip)
NE O.	ACCOU	NT CLASSIFICATION		AMOUNT
_	Gross Operating Revenue (Fl	orida)		\$
	Gross Intrastate Revenue			14 . 23 x 3 1 . 7 x 3
	LESS: Amounts Paid to Othe (see "2. Fees" on back)	er Telecommunications Companies*		(
	TOTAL REVENUES for R (Line 2 less Line 3)	egulatory Assessment Fee Calculation		\$
	Regulatory Assessment Fee I	Due – (Multiply Line 4 by 0.0015)		
	Penalty for Late Payment (see	e "3. Failure to File by Due Date" on back)		· · · · · · · · · · · · · · · · · · ·
	Interest for Late Payment (see	e "3. Failure to File by Due Date" on back)		a topic a t
	TOTAL AMOUNT DUE			\$_50

9. Number of pay telephones in operation at close of period covered by this Return

These amounts must be <u>intrastate only</u> and must be verifiable.

PP 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 mile and context 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 myblic servent in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

OM. Trowil MChr R	101911 PA	12-17-01
R (Signature of Combany Official)	(Title)	(Date)
R KARBORLY MEHLISTY	Telephone Number (86675228 Fax Number (
C KHAGOULY INE HELSV I C (Preparer of Form - Please Print Name)	F.E.I. No.	
	DOCÚMENT	NUMBER - DATE
	1591	9 DEC 21 3
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