

Pay Telephone Service Provider Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
PCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG873-02-0-R  
 Thomas J. Powers **D290** **JAN 17 2003**  
 2821 Thaxton Drive, #29  
 Palm Harbor, FL 34684-4752  
 cc: P. Isler **030000-Pu**

FOR PSC USE ONLY

Check# **1248**  
 \$ **50.00** 0603002  
 003001  
 \$ \_\_\_\_\_ P 0603002  
 004011  
 \$ \_\_\_\_\_ No  
 Postmark Date **1/16/03** *postmark*  
 initials of Preparer **MC**

PERIOD COVERED:  
 04/05/2002 TO 12/31/2002

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.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (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)	_____
AUS	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
CAF		_____
CMP		_____
SOM	<b>TOTAL AMOUNT DUE</b>	\$ _____
CTR		_____
ECR		_____
GCL		_____
OPC		_____
MMS		_____
SEC		_____
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**

9. Number of pay telephones in operation at close of period covered by this Return  
*out of business since Oct-02*

\* 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.

*Thomas J. Powers* \_\_\_\_\_ **12-14-2002** \_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)

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

F E I No \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**C Paula Isler 0307 JAN 16 03**