

**REQUEST TO ESTABLISH DOCKET**

(PLEASE TYPE)

Date 3/3/03

Docket No. 030217-TC

- 1. Division Name/Staff Name Division of Competitive Markets & Enforcement/McCoy
- 2. OPR CMP/McCoy *JMM*
- 3. OCR Legal Services
- 4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 8127  
Glenn Pollack, effective 12/31/02.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.  
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE  
**02104 MAR-3 03**  
FPSC-COMMISSION CLERK

COMPANY INFORMATION

AS OF 03/03/2003

Glenn Pollack (TG891)

Location address

Glenn Pollack  
2325 Roanoke Court  
Lake Mary, FL 32746-4987

Regulation date

07/15/2002

Certificate(s)

8127

Services provided

PAT

284  
1/23/03

COMPANY NAME: Glenn Pollack CO. CODE: TG891

COMPANY LIAISON: \_\_\_\_\_

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: 8127 EFFECTIVE: \_\_\_\_\_

RAF RETURN NOTICE: \_\_\_\_\_

DELINQUENT NOTICE: \_\_\_\_\_

OTHER RETURNED MAIL: \_\_\_\_\_

CCA'S RETURNED MAIL: \_\_\_\_\_

YEAR(s) RAfs NOT PAID: \_\_\_\_\_

YEAR(s) PENALTIES & INTEREST NOT PAID: \_\_\_\_\_

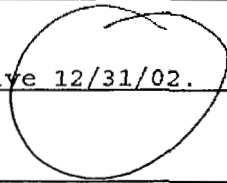
REVENUES/YEAR: \_\_\_\_\_

DATE LOTUS CHECKED FOR PAYMENT: \_\_\_\_\_

**OTHER INFORMATION**

01/15/03 - Fiscal provided me a copy of this company's 2002 RAF return, along  
with payment, and the note "Out of business. Want certificate  
cancelled."

01/22/03 - Forwarded to Jackie Gilchrist for handling.  
Voluntary cancellation, Effective 12/31/02.



### Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

*J.P. Isler*  
*CCA*

**Florida Public Service Commission**  
 (See Filing Instructions on Back of Form)

TG891-02-0-R  
 Glenn Pollack  
 2325 Roanoke Court  
 Lake Mary, FL 32746-4987

**DEPOSIT DATE**  
**D2 90 JAN 17 2003**

**FOR PSC USE ONLY**

Check# 933

\$ 50.00 0603002  
 003001

\$ \_\_\_\_\_ P 0603002  
 004011

\$ \_\_\_\_\_ 1

Postmark Date 1/11/03  
 Initials of Preparer MC

PERIOD COVERED:  
 07/15/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

Glenn Pollack (BP Telephone) 2325 Roanoke Ct Lake Mary FL 32746  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>132.70</u>
2.	Gross Intrastate Revenue	<u>26.54</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>( 0 )</u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	<b>\$ <u>159.24</u></b>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>.23886</u>
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.	<b>TOTAL AMOUNT DUE</b>	<b>\$ <u>50.00</u></b>

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  
*out of business*  
 \*went certificate cancelled!  
 1-11-03 Glenn Pollack

\* 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.

*Glenn Pollack*  
 (Signature of Company Official)

Glenn Pollack  
 (Preparer of Form - Please Print Name)

Owner 1-11-03  
 (Title) (Date)

Telephone Number (407) 3300919 Fax Number ( ) SAME

F.E.I. No 020383TC 086-42-0306

# Pay Telephone Service Provider Regulatory Assessment Fee Return

# ORIGINAL

10/11-11/23/03

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**FOR PSC USE ONLY**

Check# 933

\$ 50.00 0603002  
003001

\$ \_\_\_\_\_ P 0603002  
004011

\$ \_\_\_\_\_ 1

Postmark Date 1/11/03

Initials of Preparer MC

TG891-02-0-R  
Glenn Pollack  
2325 Roanoke Court  
Lake Mary, FL 32746-4987

**DEPOSIT**      **DATE**

**D290**      **JAN 17 2003**

**STATUS:**

Actual Return

Estimated Return

Amended Return

**PERIOD COVERED:**  
7/15/2002 TO 12/31/2002

Please Complete Below if Official Mailing Address Has Changed

Glenn Pollack (OP Telephone)      2325 Roanoke Ct      Lake Mary FL 32746

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida) <i>2-6-03</i>	\$ <u>132.70</u>
2.	Gross Intrastate Revenue <i>City to Comp / Data for per info</i>	<u>26.54</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>( 0 )</u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>159.24</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>.23886</u>
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)	_____
	<b>TOTAL AMOUNT DUE</b>	\$ <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**

Number of pay telephones in operation at close of period covered 0

by this Return None

*\*want certificate cancelled!*

*1-11-03 Glenn Pollack*

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.

Glenn Pollack      owner      1-11-03

(Signature of Company Official)      (Title)      (Date)

Glenn Pollack

(Preparer of Form - Please Print Name)

Telephone Number (407) 3300914 Fax Number ( ) same

F.E.I. No. 020383TC

DOCUMENT NUMBER-DATE

**00425 JAN 14 8**