

ORIGINAL

Gordon Edward Welch, Esq.  
Attorney at Law

Old City Building  
201 E. Government Street  
Pensacola, Florida 32501

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850-432-7723 email:ocbinc@aol.com. 850-433-6222 (Fax)

MC

Florida Public Service Commission  
Division of the Commission Clerk  
And Administrative Services  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

April 8, 2003

Dear Madam or Sir:

I enclose the original and two copies of the Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida which I have prepared as Secretary for E-Cyberkey, L.L.C., as well as our operating account check in the sum of \$100.00 for our application fee.

Please call me at 850-432-7723, extension 223, if you require anything further to process our application. Thank you.

D339

APR 15 2003

Sincerely,

Gordon Edward Welch

Gordon Edward Welch, Esq.

GEW/s  
enclosures

DOCUMENT NUMBER-DATE

03447 APR 15 8

FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):  
E-CYBERKEY, LLC.

2. Name under which applicant will do business (fictitious name, etc.):  
E-CYBERKEY, LLC.

3. Official mailing address:  
Street: 201 EAST GOVERNMENT STREET  
P.O. Box: -  
City: PENSACOLA  
State: FLORIDA Zip: 32501

4. Florida address:  
Street: 201 EAST GOVERNMENT STREET  
P.O. Box: \_\_\_\_\_  
City: PENSACOLA  
State: FLORIDA Zip: 32501

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: LIMITED LIABILITY COMPANY

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: L 03000008872

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): 75-3107892

9. If individual, provide:

Name: NOT APPLICABLE AS LIMITED LIABILITY COMPANY.

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: NOT APPLICABLE AS LIMITED LIABILITY COMPANY.

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

b. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
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?

a. The application:

Name: GORDON EDWARD WELCH  
Title: SECRETARY, CYBERKEY, L.L.C.  
Address: 201 EAST GOVERNMENT STREET  
City/State/Zip: PENSACOLA FLORIDA 32501  
Telephone No.: 850-432-7723 Fax No.: 850-433-6222  
Internet E-Mail Address: GORDON.WELCH@E-CYBERKEY.COM.  
Internet Website Address: E-CYBERKEY.COM.

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

Name: GORDON EDWARD WELCH  
Title: SECRETARY, CYBERKEY, L.L.C.  
Address: 201 E. GOVERNMENT STREET  
City/State/Zip: PENSACOLA FLORIDA 32501  
Telephone No.: 850-432-7723 Fax No.: 850-433-6222  
Internet E-Mail Address: GORDON.WELCH@E-CYBERKEY.COM  
Internet Website Address: E-CYBERKEY.COM.

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: NO.

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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.

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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.

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NOT APPLICABLE.

b. Has applications pending to be certified as a pay telephone provider.

NOT APPLICABLE.

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NOT APPLICABLE.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NOT APPLICABLE.

16. Please check (  ) the services that will be provided:

(  ) LOCAL

(  ) LONG DISTANCE

(  ) COIN

(  ) CALLING CARD

(  ) CREDIT CARD

(  ) OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: maximum of 10.

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

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*\*APPLICANT FEE STATEMENT\*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent 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. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

<u>GORDON EDWARD WELCH</u>	<u>Gordon Edward Welch</u>
Print Name	Signature
<u>SECRETARY ECYBERKEY, C.C.C.</u>	<u>4/7/03</u>
Title	Date
<u>850-432-7723</u>	<u>850-433-6222</u>
Telephone No.	Fax No.
Address: <u>201 EAST GOVERNMENT STREET</u>	
<u>PENSACOLA FLORIDA 32501</u>	



## \*\*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."

### UTILITY OFFICIAL:

GORDON EDWARD WELCH  
Print Name

Gordon Edward Welch  
Signature

SECRETARY, ELYBERKEY LLC.  
Title

4/7/03  
Date

850-432-7723  
Telephone No.

850-433-6222  
Fax No.

Address: 201 EAST GOVERNMENT STREET  
PENSACOLA, FLORIDA 32501

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: GORDON EDWARD WELCH  
E-CYBERKEY, L.L.C.

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

GORDON EDWARD WELCH  
Print Name

Gordon Gordon Welch  
Signature

SECRETARY, E-CYBERKEY, L.L.C.  
Title

4/7/03  
Date

850-432-7723  
Telephone No.

850-433-6222  
Fax No.

Address: 201 EAST GOVERNMENT STREET  
PENSACOLA FLORIDA 32501

**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.**