



ORIGINAL

December 15, 2003

Ms. Paula J. Isler Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Re:

Executive Business Centers

Docket No. 031012-TS Docket No. 030760-TI

Dear Ms. Isler:

Enclosed, please find the 2002 Regulatory Assessment Fee (RAF) Return for both of the above. I have included payment of interest and penalties with the returns along with the tax.

With this letter, as we had discussed, I am asking for the elimination or reduction of the fine associated with both dockets. Our company had terminated our employee who handled this and we were not aware that there was a problem until it was too late.

We will make sure that this return is filed for 2003 by the due date.

If you have any questions, please contact me. I appreciate your assistance and understanding regarding this matter.

Sincerely,

Douglas C. Trivers Corporate Controller

Enclosures

AUS CAF CMP

COM

ECR GCL OPC MMS

T HITC

UMENT ALMETR-BATE

70 AVOII	V. 海煙 コナー、	the regulatory assessment fee Tenant Service Provi			e Return
200 STATI	orol vs.		Service Commissi	ion	FOR PSC USE ONLY Check# 1/2 33(0.5
PERIC	Actual Return Estimated Return Amended Return DD COVERED: 72002 TO 12/31/2002	TS183-02-0-R Executive Business Co 11465 Johns Creek Pa Duluth, GA 30097-15	enters, Inc. rkway, #300	1012-75	S 74 OL 0603003 S 18.52 P 0603003 S 8.87 Postmark Date 2-16-03 Initials of Preparer RT
· [(Name of Company)	Please Complete Below 10 6465 EAST	Official Melling Address TOHNS CRSS IN G (Address)		UTH GA 30097 (City/State) (Zip)
LINE NO.	٨٥	COUNT CLASSIFICA	TION		ANGOVINE
1.	Gross Intrastate Ope		TIÓIA		<u>AMOUNT</u> \$ 64,852-
2.	LESS: Amounts Pa	d to Other Telecommun	ications Compani	es*	*
	(see "2. Fees" on bac		15476-		
3.	Net Intrastate Opera	ting Revenue for Regula	tory Assessment F	[?] ee	
•	Calculation (Line 1		49376-		
4.	Regulatory Assessm	ent Fee Due (Multiply L	ine 3 by 0.0015)		74.06
5.	Penalty For Late Pay	ment (see "3. Failure to	File by Due Date'	on back)	18.52
6.	Interest For Late Pay	8 89			
7.	TOTAL AMOUNT	DUE			s 101.47
* Th	, —	trastate only and must be		THE SCINING INC.	AND TO DEC.
	AS FAUVIDED I	n Section 364.336, Flor	doa statutes, t	HE MINIMUM AND	TOAL FEE IS 300
true and	correct statement. I am aware that	above-named company, have read the pursuant to Section 837.06, Florida icial duty shall be guilty of a misden	Statutes, whoever knowing	gly makes a false statemen	edge and belief the above information is a string with the intent to mislead a
	(Signature of Compa	ny Official)	Vice	president (Title)	12(15/03 (Date)
	Brian J. WINU	cell	Telephone Number	(116) 814.4300	Fax Number (170) 814-4360
	4 E				

F.E.I. No.

4137077

PSC

() Facilities-Based Carrier () Alternate-Operator Service Complete below if billing agent if other than (Name) What is the total amount of customer deposit Amount: S for 19 Do you lease telecommunications' facilities? If YES, who do you lease these facilities from Address: I, the undersigned owner/officer of the attrue and correct statement. I am aware that public servant in the performance of his/her (Signature of Company Officer of Torm - Please (Preparer of Form - Please	above-named company, har pursuant to Section 837.06 duty shall be guilty of a m	ve read the foregoing and declare the Florida Statutes, whoever knowing isdemeanor of the second degree.	What is the lotal am Amount: \$	and belief the above information is arriting with the intent to mislead a (Date)
Complete below if billing agent if other than (Name) What is the total amount of customer depositions for 19 Do you lease telecommunications facilities? If YES, who do you lease these facilities from Address: I, the undersigned owner/officer of the atrue and correct statement. I am aware that public servant in the performance of his/her	n yourself. its collected? ? () YES () NO om?. Name: above-named company, has pursuant to Section 837.06 duty shall be guilty of a m	(Address: City/State/2 COMPANY INFORMATION we read the foregoing and declare the foregoing and	What is the lotal am Amount: \$ at to the best of my knowledge gly makes a false statement in the	and belief the above information is writing with the intent to mislead a
() Alternate-Operator Service Complete below if billing agent if other than (Name) What is the total amount of customer deposit Amount: S for 19 Do you lease telecommunications' facilities? If YES, who do you lease these facilities from Address: I, the undersigned owner/officer of the a true and correct statement. I amaguate that public servant in the performance of his/her	n yourself. its collected? ? () YES () NO om?. Name: above-named company, has pursuant to Section 837.06 duty shall be guilty of a m	(Address: City/State/2 COMPANY INFORMATION we read the foregoing and declare the foregoing and	What is the lotal am Amount: \$ at to the best of my knowledge gly makes a false statement in the	and belief the above information is writing with the intent to mislead a
Complete below if billing agent if other than (Norne) What is the total amount of customer deposit Amount: S for 19 Do you lease telecommunications' facilities? If YES, who do you lease these facilities from	n yourself. its collected? ? () YES () NO	(Address: City/State/2	What is the lotal am Amount: \$	ount of bond held (if applicable)? Expires:
Complete below if billing agent if other than (Name) What is the total amount of customer deposition for 19 Do you lease telecommunications' facilities? If YES, who do you lease these facilities from	n yourself. its collected? ? ()YES ()NO	(Address: City/State/2	What is the total am Amount: \$	ount of bond held (if applicable)?
() Alternate-Operator Service Complete below if billing agent if other than (Name) What is the total amount of customer deposit Amount: \$ for 19	n yourself. its collected? ? () YES () NO	(Address: City/State/2	What is the total am Amount: \$	ount of bond held (if applicable)?
Complete below if billing agent if other than (Name) What is the total amount of customer deposition for 19	n yourself.	(Address: City/State/2	What is the total am Amount: \$	ount of bond held (if applicable)?
Complete below if billing agent if other than (Name) What is the total amount of customer deposition for 19	n yourself.		What is the total am	ount of bond held (if applicable)?
() Alternate-Operator Service Complete below if billing agent if other than			rin)	(Telephone)
() Alternate-Operator Service		BILLING INFORMATION		
	() reconier			
概要····································	(*) Reseller () Rebiller	() Call Aggr () Other:	•	
SA: 1 S		JRRENT COMPANY STATU	JS	Family States
AS PROVIDED	D IN SECTION 364.33	6, FLORIDA STATUTES, TH	E MINIMUM ANNUAL	FEE IS \$50
TOTAL AMOUNT DUE These amounts must be intrastate on	nly and must be verifiabl	e	\$_	(01.47)
10. Penalty for Late Payment (see Interest for Late Payment (see	"3. Failure to File by Due	Date" on back)		131.00
(see "2. Fees" on back) 8. TOTAL REVENUES For Reg 9. Regulatory Assessment Fee D			<u> </u>	15,476-
6 TOTAL Telephone Services 7 LBSS: Amounts Paid to Other		npanies*		64,852-
4. Leased Facilities & Circuits S Miscellaneous Services	Services			
Long Distance Services Access Services Private Line Services		s 64,8s	<u> </u>	
LINE NO. ACCOUNT CLASSIFI	ICATION	GROSS OPERA	TING REVENUE IN	RASTATE REVENUE
And the Control of Con		(Address)	DA	(5,0,5)
Same of Company)	6465	EAST JOHNS CROSSING (Address)	5k40 Dulut	WIGA 308 (City/State) (Z
D405 DEC1720		Below If Official Malling Address		
01/01/2002 TO 12/31/2002	Docket 0	30760-TI (T -11	ostmark Date 12-14-03 itials of Preparer 27
PERION-COVERED: DATE	Duluth, GA 300)97-1572	S	0.01
Amended Return		eek Parkway, #300	5	0603 0 0 0 0 004
Actual Return Estimated Return	TJ008-02-0-R Executive Busin	ess Centers Inc	S	74.00 06031 19.50 0031
	(See F	iling Instructions on Back of Form)		heck# 10088 CeCe
STATUS:	Florida P	ublic Service Commissi	on	FOR PSC USE ONLY
records				
Records status:	1.			5 V A 2

COMPANY IDENTIFICATION

Printed on 03/31/2003 at 11:41:30 by PJI

Complete Name: Executive Business Centers, Inc.

D405 DEC 17 2003

Mailing Name:

Executive Business Centers, Inc.

Company Code:

TJ008

FEID Number:

58-1933334

Ch# 1003364

Ch\$ 2.50(P)

RAF ACCOUNT FOR THE PERIOD 01/01/2000 THROUGH 12/31/2000

Reg. Date:

01/01/1998

Inactive Date:

12-16-03

Sexvice:

IXC - Interexchange Telephone

Received Status: Actual RAY Form

Amended:

Pending

Extension:

No

Frozen:

No

Comments

No

Payment Count: 1 Payment Made to Date Operating Rev:

\$8,217.60

Interstate Rev:

\$0.00

RAF Rate:

0.0015

Not RAF Due:

\$50.00

Assessment	Due	Paid	Owe	
RAY	\$50.00	850.00	\$0.00	
Penalty	\$2.50	\$0.00	\$2.50	
Interest	\$0.50	\$0.00	\$0.50	
Extension Fee	\$0.00	\$0.00	\$0.00	
Total	\$53.00	850.00	\$3.00	

Last modification was made on Monday, February 19, 2001 at 10:39 AM by Jackie Knight

Pariod covered: 01/01/2000 through 12/31/2000

Operating rev:

\$8,217.60 Interstate rev:

RAF rate: 0.0015

Documents: Actual RAF form received on 01/31/2001

RAF form mailed on 12/05/2000

Postmarked Trans Date Date Posted-Sy Dep # Check #

01/31/2001 02/19/2001 02/29/2001-JTK GH020 500000108

Check Amount

\$50.00

850.00

RAF paid

QH020