

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

040000

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG918-03-0-R
 Street Phones Co
 2284 Champlain Avenue
 Spring Hill, FL 34609-5139

2003 DEC 23 AM 10: 47

DIVISION OF COMPETITIVE SERVICES

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 \$ _____ 003001
 \$ _____ P
 _____ 0603002
 _____ 004011
 _____ 1

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Paula Records

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.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (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	TOTAL AMOUNT DUE	_____
COM	_____	_____
CTR	_____	_____
ECR	_____	_____
GCL	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50	_____
OPC	THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED	_____
MMS	_____	_____
SEC	Number of pay telephones in operation at close of period covered	_____
OTH	by this Return	_____

OUT of Business

OUT of Business

COMMISSION CLERK ADMINISTRATIVE SERVICES

03 DEC 22 AM 10: 59

* 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.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number ()

Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER DATE

00902 JAN 21 03

FPSC-COMMISSION CLERK