

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date	February 3, 2004	Docket No.	040120-TC
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1. Division Name/Staff Name:	Competitive Markets & Enforcement/T.Williams
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2. OPR:	T. Williams
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3. OCR:	
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4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 3622 by Anthony De Brigit, effective 12/31/03
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5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
 - 1. Parties and their representatives (if any):

- 2. Interested persons and their representatives (if any):

6. Check one:

XX Documentation is attached.

_____ Documentation will be provided with recommendation.

JEW
2/3/04

COMPANY NAME: Anthony De Briquit CO. CODE: TE969

COMPANY LIAISON: Same, Owner

DOCKET NO.: _____ CERTIFICATE NO.: 3622 EFFECTIVE: 12/21/93

RAF RETURN NOTICE: _____

DELINQUENT NOTICE: _____

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2003

YEAR(s) PENALTIES & INTEREST NOT PAID: _____

	Amount	Year	Paid
REVENUES/YEAR:	_____	_____	_____

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

12/19/03 - From company - The 2003 Regulatory Assessment Fee return with

the note: Been out of business for 7 months. Thank you.

01/06/04 - Wrote company and advised it to pay the \$50 minimum for 2003 before

a docket will be opened to grant a voluntary cancellation.

Response due 01/20/04.

2/2/04 - Invt Co. - Payment by the 2003 RAF

- Forwarded file to ILE for processing.

Bluebird, Cancellation - see 2/6/04

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:
 _____ Actual Return
 _____ Estimated Return
 _____ Amended Return

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

TE969-03-0-R
 Anthony De Brigit
 701 69th Avenue, S.
 St. Petersburg, FL 33705-6247 **D 4 2 5 FEB 0 2**
 cc: P. Isler

FOR PSC USE ONLY

Check# 675

\$ 50.00 0603002
 003001

\$ _____ P
 0603002
 004011

\$ _____ I

Postmark Date 1-28-04
 Initials of Preparer km

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

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)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ <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

9. Number of pay telephones in operation at close of period covered by this Return _____

* 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.

Anthony De Brigit
 (Signature of Company Official)

Pres. (Title) 1-26-04 (Date)

ANTHONY DE BRIGIT
 (Preparer of Form - Please Print Name)

Telephone Number () NONE Fax Number () _____

F.E.I. No. _____

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
LILA A. JABER
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

January 6, 2004

Mr. Anthony DeBritt
701 69th Avenues, S.
St. Petersburg, FL 33705-6247

Dear Mr. DeBritt:

On December 19, 2003, the Commission received your 2003 Regulatory Assessment Fee return form with a note that you have been out of business for seven months and which appears to be a request for cancellation. Payment of the \$50 minimum Regulatory Assessment Fee was not included.

The Regulatory Assessment Fee is assessed if a certificate is active for any one day during a calendar year, even if a company had no revenues or ever started operations. The 2003 Regulatory Assessment Fee is due by January 30, 2004. If payment of the 2003 fee is received by the due date of January 30th, a docket will be opened to recommend a voluntary cancellation effective December 19, 2003. When returning payment and the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

Please review this information and let me know by January 20, 2004, how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at Plsler@psc.state.fl.us, or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TE969-03-0-R
 Anthony De Brigit
 701 69th Avenue, S.
 St. Petersburg, FL 33705-6247
 cc: A. Isler

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

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

Please Complete Below If Official Mailing Address Has Changed

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

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

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

F.E.I No _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TE969-03-0-R
Anthony De Brigit
701 69th Avenue, S.
St. Petersburg, FL 33705-6247
2003 DEC 23 AM 10:47
DIVISION OF
COMPETITIVE SERVICES

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002 003001
\$ _____	P 0603002 004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

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

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8.	TOTAL AMOUNT DUE	\$ _____

Handwritten notes: Bend out of [blank] months; Buss for 7 months; When you [blank]

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

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

F.E.I. No. _____