

ORIGINAL

DEPOSIT DATE

460 APR 28 2004

CK# 1165  
Ch \$ 100.00  
4-26-04  
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040366-TC

1. Name of company or name of individual (not fictitious name or d/b/a):  
Shell

2. Name under which applicant will do business (fictitious name, etc):  
Desoto Mall Shell

3. Official mailing address  
Street: 3630 1st St. West  
P.O. Box: \_\_\_\_\_  
City: Buckelewton  
State: FL Zip: 34208

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CLERK  
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4. Florida address.  
Street: 3630 1st St. West  
P.O. Box: \_\_\_\_\_  
City: Buckelewton  
State: FL Zip: 34208

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: 0030000921652

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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): \_\_\_\_\_

9. If individual, provide

Name: \_\_\_\_\_

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: \_\_\_\_\_

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: Rola Ata  
Title: manager / V.P  
Address: 3131 1st St West  
City/State/Zip: Brockton FL 34718  
Telephone No.: 941 747 6654 Fax No.: 941 746 6529  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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

Name: Same as above  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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: None

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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.

None

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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.

This will be the first time to file for a Florida certificated pay phone. Haven't had one in any other state.

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16. List the states in which the applicant

a. is currently providing pay telephone services

NONE

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

NONE

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

NONE

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

NONE

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

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

11. Proposed number of pay telephones: estimate the applicant plans to install/operate in the 1st year two

12. How does the applicant intend to service and maintain each telephone? Check (✓) all that apply:

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

15. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX-C, 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 4-28.6.4 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(16), Florida Administrative Code

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

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

1. **REGULATORY ASSESSMENT FEE:** I understand that a telephone company 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:**

Bola Ata  
Print Name

[Signature]  
Signature

manager / V.P.  
Title

06 APRIL 2004  
Date

941.747.6654  
Telephone No.

941.746.1.529  
Fax No.

Address: Desoto Mail Shell  
WANIS INC  
3630 1st St West  
Bradenton FL 34208

**\*\*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 387.08, 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:**

Rola Ata \_\_\_\_\_ Rola \_\_\_\_\_  
Print Name Signature

manager / VP \_\_\_\_\_ 26 April 2004 \_\_\_\_\_  
Title Date

941.747.6654 \_\_\_\_\_ 941.746.6529 \_\_\_\_\_  
Telephone No. Fax No.

Address: 36-30 1<sup>st</sup> St West \_\_\_\_\_  
Bradenton FL 34208 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Applicant: DESCO (1511) Shell

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

Rola Ha  
Print Name

[Signature]  
Signature

Manager / V.P.  
Title

04.06.04  
Date

941.747.6654  
Telephone No.

941.746.6529  
Fax No.

Address: 3630 1<sup>st</sup> St West  
Bradenton FL 34208

**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.**