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DEPOSIT DATE
466 MAY 18 2004

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May 14, 2004

VIA OVERNIGHT DELIVERY

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399-0850
(850) 413-6770

CK # 1674
CK # 250.00
COMMISSION CLERK
MAY 17 10:44
PH 4:44
05652

Re: Trinity Telecommunications, Inc. d/b/a Trinity Connect

To Whom It May Concern:

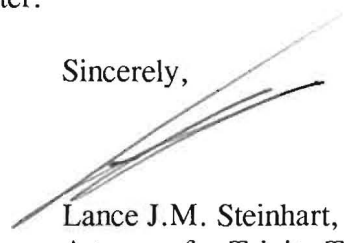
Enclosed please find one original and six (6) copies of Trinity Telecommunications, Inc. d/b/a Trinity Connect's ("Trinity") Application for Authority to Provide Local Exchange Telecommunications Service Within the State of Florida.

I also have enclosed a check in the amount of \$250.00 payable to the Florida Public Service Commission to cover the cost of filing these documents.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope.

If you have any questions regarding this matter, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,



Lance J.M. Steinhart, Esq.
Attorney for Trinity Telecommunications, Inc.
d/b/a Trinity Connect

Enclosures
cc: Ronald D. McCabe

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**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).

Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.

Use a separate sheet for each answer which will not fit the allotted space.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

ROBERT L GOLUBA
6430 MADISON ST
NEW PORT RICHEY, FL 34652

1674

63-2/630
BRANCH 00233

Date 1/12/04

Pay to the
Order of

Fla. Public Service Comm. \$250.00
Two Hundred Fifty Dollars and 00/100

Look for: Micro Print signature line, green background with CAP logo, First Union logo on back. If not present, do not cash.

FIRST UNION
First Union National Bank
firstunion.com
Org. 003 R/T 063000021

For: Funds to loan

Robert L Goluba
MP

1674

APPLICATION

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Trinity Telecommunications, Inc.

3. Name under which the applicant will do business (fictitious name, etc.):

Trinity Connect

4. Official mailing address (including street name & number, post office box, city, state, zip code):

6430 Madison Street

New Port Richey

Florida

34652

5. Florida address (including street name & number, post office box, city, state, zip code):

6430 Madison Street

New Port Richey

Florida

34652

6. Structure of organization:

() Individual

() Corporation

() Foreign Corporation

() Foreign Partnership

() General Partnership

() Limited Partnership

() Other _____

7. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

P03000139513

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

604089900095

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide **F.E.I. Number**(if applicable): 26-0078449

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

No

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Lance J.M. Steinhart
Title: Regulatory Counsel
Address: 1720 Windward Concourse
City/State/Zip: Alpharetta, Georgia 30005
Telephone No.: (770) 232-9200 Fax No.: (770) 232-9208
Internet E-Mail Address: lsteinhart@telecomcounsel.com
Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Ronald D. McCabe
Title: President
Address: 6430 Madison Street
City/State/Zip: New Port Richey Florida 34652
Telephone No.: 877-987-4648 Fax No.: 727-848-7157

Internet E-Mail Address: trinitytel@tampabay.rr.com
Internet Website Address: www.trinityconnect.com

(c) Complaints/Inquiries from customers:

Name: Ronald D. McCabe
Title: President
Address: 6430 Madison Street
City/State/Zip: New Port Richey Florida 34652
Telephone No.: 877-987-4648 Fax No.: 727-848-7157

Internet E-Mail Address: trinitytel@tampabay.rr.com
Internet Website Address: www.trinityconnect.com

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

None

(b) has applications pending to be certificated as an alternative local exchange company.

None.

(c) is certificated to operate as an alternative local exchange company.

None

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

18. Submit the following:

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

See Attached biographical information.

B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

See Attached biographical information. In addition, the company will rely upon its underlying facilities-based carriers for technical maintenance.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

THIS PAGE MUST BE COMPLETED AND SIGNED
APPLICANT ACKNOWLEDGMENT STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Ronald D. McCabe

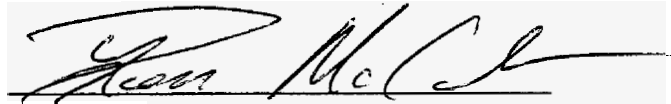
Print Name

President

Title

877-987-4648

Telephone No.



Signature

Date

5/12/04
727-848-7157

Fax No.

Address: 6430 Madison Street

New Port Richey Florida 34652

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

Ronald D. McCabe


Print Name

President

Title

877-987-4648

Telephone No.



Signature

5/12/04

Date

727-848-7157

Fax No.

Address:

6430 Madison Street

New Port Richey

Florida

34652

LIST OF ATTACHMENTS

FINANCIAL INFORMATION

MANAGEMENT INFORMATION

STATEMENT OF FINANCIAL CAPABILITY

FINANCIAL INFORMATION

Trinity Connect
05/12/04 Balance Sheet
As of May 12, 2004

May 12, '04

ASSETS	
Current Assets	
Checking/Savings	
Checking	25,280.00
Total Checking/Savings	25,280.00
Total Current Assets	25,280.00
TOTAL ASSETS	25,280.00
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	25,280.00
Total Equity	25,280.00
TOTAL LIABILITIES & EQUITY	25,280.00

Page 1

MANAGEMENT INFORMATION

Biographies / Resumes of Key Employees:

Ron McCabe

04/1995- **Tariff Consultants Inc.**
11/1996 Palm Harbor, FL
Account Executive

- Sold AT&T Resale products
- Sold Brand X Products
- Sold Tel-Save Products

01/1997- **Professional Call Center**
12/1998 Clearwater, FL
Sales Manager

- Sold a broad range of different I+ Products

12/1998-
10/1999 Consulted on different types of long distance projects, including but not limited to writing sales scripts, lead generation, creating quality style projects, etc.

10/1999- **Unity Telecommunications, Inc.**
11/2003 Spring Hill, FL
President

- Sold for PowerNet Global Communications

STATEMENT OF FINANCIAL CAPABILITY
Trinity Telecommunications, Inc. d/b/a Trinity Connect

Applicant has sufficient financial capability to provide the requested service in the State of Florida and has sufficient financial capability to maintain the requested service and to meet its lease or ownership obligations. In support of Applicant's stated financial capability, a copy of its Balance Sheet as of May 12, 2004 is attached to its application. Applicant initially intends to provide service in the State of Florida. Applicant intends to fund the provision of service through internally generated cash flow and contributions from the principals. Applicant also has the ability to borrow funds, if required, based upon its financial capabilities, to provide service in the State of Florida.