

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC

DEC 13 AM 10:45

-M-E-M-O-R-A-N-D-U-M-

COMMISSION CLERK

DATE: December 13, 2004
TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director
FROM: Kiwanis L. Curry, Regulatory Analyst I, Division of Competitive Markets & Enforcement
RE: Docket No. 041212-TC – Docket Title Change

KLC

Please change the title of Docket No. 041212-TC to "Application for certificate to provide pay telephone service by Gregory J. Megas, Sr."

The owner would like to provide pay telephone service using the name Gregory J. Megas, Sr. instead of Keansburg LLC. Copies of the amended pages of the Pay Telephone Application are attached.

- CMP
COM
CTR
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SEC 1
OTH Kim P., Grant

DOCUMENT NUMBER-DATE
13104 DEC 13 04
FPSC-COMMISSION CLERK

GREGORY J. MEGAS, SR.

December 9, 2004


Florida Public Service Commission
Div. of Competitive Markets
Certification
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Pay Phone application

Dear Sirs,

I am submitting an original amended application along with a copy of the original application as instructed.

Thank You,



Gregory J. Megas, Sr.
Owner

6303 Bay Club Drive Suite #4
Ft. Lauderdale, FL. 33308-1620
Phone: 954-493-7307
Fax: 954-493-8441

facsimile transmittal

To: Florida Public Service Commission From: Gregory J. Megas, Sr.

ATTN: Jawana

RE: Pay phone license amendment

Fax: 850-413-6663

Date: December 9, 2004

Phone: 850-413-6662

Pages:

CC:

Urgent

For Review

Please Comment

Please Reply

Please Recycle

Jawana,

I have sent a copy of the original application and an original amended application to the address previously sent to.

Thanks,


Greg Megas

.....

original
amended application

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

Gregory J. Megas, Sr.

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

Gregory J. Megas, Sr.

3. Official mailing address:

Street: 6303-4 Bay Club Drive

P.O. Box: _____

City: Fort Lauderdale

State: FL Zip: 33308

4. Florida address:

Street: Same as above

P.O. Box: _____

City: _____

State: _____ Zip: _____

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: _____

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: N/A

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: Gregory J. Megias, Sr.

Title: owner

Address: 6303-4 Bay Club Drive

City/State/Zip: Fort Lauderdale, FL 33308

Telephone No.: 954 493-7307 Fax No.: 954 493-8441

Internet E-Mail Address: grsr@aol.com

Internet Website Address: N/A

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

a. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: N/A
 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: Gregory J. Megas, Sr
 Title: Owner
 Address: 6303-4 Bay Club Dr.
 City/State/Zip: Fort Lauderdale FL
 Telephone No.: 954-493-7307 Fax No.: 954 493-8441
 Internet E-Mail Address: grsr@aol.com
 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: _____

****APPLICANT FEE STATEMENT****

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies 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:

Gregory J. Megos, Sr.
Print Name

Gregory J. Megos, Sr.
Signature

Owner
Title

12-9-04
Date

954-493-7307
Telephone No.

954 493-8441
Fax No.

Address: 6303-Y Bay Club Drive
Fort Lauderdale, FL 33308

****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 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:

<u>Gregory J. Megas, Sr.</u>	<u><i>Greg Megas Sr.</i></u>
Print Name	Signature
<u>Owner</u>	<u>12-9-04</u>
Title	Date
<u>954-493-7307</u>	<u>954 493-8441</u>
Telephone No.	Fax No.
<u>Address: 6303-4 Bay Club Drive</u>	
<u>Fort Lauderdale, Fl. 33308</u>	
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****APPLICANT ACKNOWLEDGMENT****

Applicant: Gregory J. Megas, Sr.

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

<u>Gregory J. Megas, Sr.</u>	<u><i>Gregory J. Megas, Sr.</i></u>
Print Name	Signature
<u>Owner</u>	<u>12-9-04</u>
Title	Date
<u>954 493-7307</u>	<u>954 493-8441</u>
Telephone No.	Fax No.
<u>6303-4 Bay Club Drive</u>	
<u>Fort Lauderdale, FL 33308</u>	
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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.