

ORIGINAL

State of Florida



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

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JUN 2 AM 11:18

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

COMMISSION CLERK

DATE: June 2, 2005
TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director
FROM: Kiwanis L. Curry, Regulatory Analyst I, Division of Competitive Markets & Enforcement *KLC*
RE: Docket 050372-TC – Title Change

Please change the docket title to “Application for certificate to provide pay telephone service by Christopher Vellanti.” The applicant no longer wishes to use the d/b/a Highland Park.

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH Grant
Kim P.

DOCUMENT NUMBER-DATE
05352 JUN-2 05
FPSC-COMMISSION CLERK

Florida Public Service Commission

2 June 2005

Dear Kiwanis,

I wish to amend my original application to the Public Service Commission for a phone.
Please feel free to call me if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Vellanti". The signature is written in black ink and is positioned above the printed name.

Christopher Vellanti

1. Name of company or name of individual (no: fictitious name or d/b/a):
CHRISTOPHER G. VELLANTI

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

3. Official mailing address:
Street: _____
P.O. Box: 3254
City: APOLLO BEACH
State: FL Zip: 33572

4. Florida address:
Street: 6531 KING PALM WAY
P.O. Box: _____
City: APOLLO BEACH
State: FL Zip: 33572

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: _____

TOTAL P.02