

State of Florida



ORIGINAL

Public Service Commission

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

RECEIVED-TPSC

06 NOV - 3 PM 3:51

COMMISSION CLERK

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

DATE: November 3, 2006

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Toni J. McCoy, Regulatory Analyst II, Division of Competitive Markets & Enforcement *TJM*

RE: Docket No. 060550-TC; Application for certificate to provide pay telephone service by MAJOR Communit d/b/a MAJOR COMM.

Please replace the PATS application on file with the attached revised PATS application. Check the contact information for changes. See the attached Secretary of State documentation as there will be no d/b/a for this company.

Edit the CASR title from the above to:

Application for certificate to provide pay telephone service by MAJOR COMMUNICATIONS CONSULTING, INC.

Please call 413-6532, if you have any questions.

Thank you.

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC 1

OTH Kump

Grant

DOCUMENT NUMBER-DATE

10199 NOV-3 8

TPSC-COMMISSION CLERK

(REVISED)

Toni McCoy

From: NET SatisFAXtion [postmaster]
Sent: Thursday, November 02, 2006 4:46 PM
To: Toni McCoy
Subject: 352 735 9349, 8 page(s)

PATS
APPLICATION

Attachments: FAX.TIF

You have received a new fax. This fax was received by **NET SatisFAXtion**. The fax is attached to the message. Open the attachment to view your fax.

Received Fax Details

Received On: 11/02/2006 4:42 PM
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From (CSID): 352 735 9349
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Received Status: Success
Number of Errors: 0
Port Received On: RockForceOCTO+ Port 8



FAX.TIF
(151 KB)



ATTN: TONI
MACCOY

850 - 413-6533

FROM: NNA JOK
COMMUNICATION

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 authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

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

2. Name of company: MAJOR Communication Consulting, Inc.

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

4. Official mailing address:

Street/Post Office Box: P.O. Box 617
City: Tangerine
State: FL 32777
Zip:

5. Florida address:

Street/Post Office Box: 6337 N. Terrace
City: Tangerine
State: FL
Zip: 32777

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

Name:
 Title:
 Street/Post Office Box:
 City:
 State:
 Zip:
 Telephone No.:
 Fax No.:
 E-Mail Address:
 Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: **P96000014125**
9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:
11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name:
 Title:
 Street/Post Office Box:
 City:
 State:
 Zip:
 Telephone No.:
 Fax No.:
 E-Mail Address:
 Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide F.E.I. Number(if applicable):

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Brenda Major Jones
 Title: President
 Street name & number: 6337 N. Terrell Rd
 Post office box: P.O. Box 617
 City: Tangerine
 State: FL
 Zip: 32777
 Telephone No.: 352-735 9269 OR 352-516-7647
 Fax No.: 352-735-9269
 E-Mail Address: Brenda@majorcc.com
 Website Address:

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

Name: Abdual Major
 Title: General Manager
 Street name & number: 1025 Hornbeam St
 Post office box:
 City: Oviedo
 State: FL
 Zip: 32765
 Telephone No.: 321-377-2534
 Fax No.:
 E-Mail Address: MajorAbdual@aol.com
 Website Address:

(c) Complaints/Inquiries from customers:

Name: Peter Salas
 Title: System International, Manager
 Street/Post Office Box: 1383 Laurel Glenn Dr
 City: Bartow,
 State: FL
 Zip: 33830
 Telephone No.: 863669 6269
 Fax No.:
 E-Mail Address:
 Website Address: www.major.com.com

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

FLORIDA

(b) has applications pending to be certificated as a Pay Telephone Service provider.

FLORIDA

(c) is certificated to operate as a Pay Telephone Service provider.

FLORIDA

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

$\frac{N}{A}$

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

See: Docket #0506532c

Concerning RAF Fees and imposed fines

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

NONE

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: 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 access vendor 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."

Company Owner or Officer

Print Name: Brenda Major Jones
Title: President
Telephone No.: 352-735-9269
E-Mail Address: Brenda@majorcc.com

Signature: Brenda Major Jones

Date: 8/31/06

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

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NONE

(b) 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

(c) 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.

NONE

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

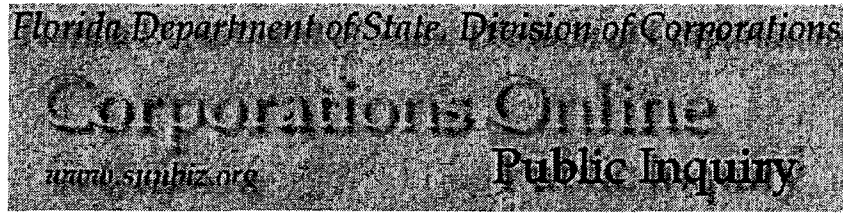
of the certificate.

Company Owner or Officer

Print Name:
 Title:
 Street/Post Office Box:
 City:
 State:
 Zip:
 Telephone No.:
 Fax No.:
 E-Mail Address:

Signature: _____

Date: _____



Florida Profit

MAJOR COMMUNICATIONS CONSULTING, INC.

PRINCIPAL ADDRESS

6337 N TERRELL RD
 TANGERINE FL 32777
 Changed 02/22/1999

MAILING ADDRESS

PO BOX 617
 TANGERINE FL 32777
 Changed 01/19/2000

Document Number
 P96000014125

FEI Number
 593363316

Date Filed
 02/12/1996

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Registered Agent

Name & Address
MAJOR-JONES, BRENDA L 6337 N TERRELL RD TANGERINE FL 32777
Name Changed: 01/15/2003
Address Changed: 02/22/1999

Officer/Director Detail

Name & Address	Title
MAJOR JONES, BRENDA 6337 N. TERRELL RD TANGERINE FL 32777	PD

Annual Reports

Report Year	Filed Date
2004	05/14/2004
2005	05/04/2005
2006	06/14/2006

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

<u>06/14/2006 -- ANNUAL REPORT</u>
<u>05/04/2005 -- ANNUAL REPORT</u>
<u>05/14/2004 -- ANNUAL REPORT</u>
<u>01/15/2003 -- ANNUAL REPORT</u>
<u>04/25/2002 -- ANNUAL REPORT</u>
<u>04/24/2001 -- Annual Report</u>
<u>01/19/2000 -- ANN REP/UNIFORM BUS REP</u>
<u>02/22/1999 -- ANNUAL REPORT</u>
<u>04/03/1998 -- ANNUAL REPORT</u>
<u>05/06/1997 -- ANNUAL REPORT</u>

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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