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010 RT

(Zip)

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00725 FEB-1

(2)

FPSC-COMMISSION CLERK

TO AVOID PE	NALTY AND INTEREST CHARGE	25, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010	100	060
Records	Pay Telep	hone Service Provider Regulatory Assessmen	it Fee Retu	rn
Nancy		Florida Public Service Commission	FOR PSC USE ONLY Check # 3875	
STATUS:		(See Filing Instructions on Back of Form)	Check # Z	5.12
Actual Return		TG786-09-0-R	s_100.	∞ $^{\circ}$
Estimated Return Amended Return		Cozy Court Motel		-
		407 Woodland Avenue	3	E
		Lakeland, FL 338DEBOSIT DATE	\$	P 0
PERIOD COVERED:			e	T
01/01/2009 TO 12/31/2009		D 9 9 5 FEB 0 2 2010	۵¢	¹
Going Out of			Postmark Date	1-28-20
Buisness			Initials of Prepare	
		Please Complete Below If Official Mailing Address Has Changed		
Crucer	MY 16786-	09-0-R		
		· · · · · · · · · · · · · · · · · · ·		
	(Name of Company)	(Address)	(City/State)	(4
LINE				
<u>NO.</u>	· · · · · · · · · · · · · · · · · · ·	ACCOUNT CLASSIFICATION		AMOUNI
1.	Cross Operating	Devenue (Florida)	¢	00
1.	Gross Operating Revenue (Florida)		Ψ	
2.	Gross Intrastate	Revenue		-6-C=
	-			
3.	LESS: Amounts	Paid to Other Telecommunications Companies ⁽¹⁾		
	(see "2. Fees" on		(_	^{, و 11} , قام بار ت ونینو کامی در اور د ر ا
4.	TOTAL REVE	NUES for Regulatory Assessment Fee Calculation		
т.	(Line 2 less Line		\$	لاجلا
	(Line 2 iess Line	5)	Φ	
5.	Domilatory Acce	sement Fee Due (Multiply Line 4 by 0 0020)		R-D
5.	Regulatory Asse	ssment Fee Due - (Multiply Line 4 by 0.0020)		<u>iii</u>
6.	Denalty for Late	Payment (see "3. Failure to File by Due Date" on back)		X
0.	I chang for Late	rayment (see 5.1 andre to 1 ne by Due Date on back)		
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			DOCUMENT
8.	Extension Payment Fee (see "4. Extension" on back)			
9.	9. TOTAL AMOUNT DUE (MINIMUM \$100.00)			100 C
10.	Number of pay to this Return	elephones in operation at close of period covered by	-	

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

MNRR / 17_10 (Title) (Date) (Signature of Company Official) (863) 65 61) Fax Number (_____ Telephone Number (Preparer of Form - Please Print Name) F.E.I. No.