

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	3/12/2010	Docket No.:	100119-TC
1. From Staff / Division:	Pruitt/Rad		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 6091 by Com-Tech Resources, Inc. d/b/a Com-Tech Systems, effective March 4, 2010.		
5. Program/Module/Submodule Assignment:	B1f		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TG531	Com-Tech Resources, Inc. d/b/a Com-Tech Systems		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

RECEIVED-FPSC
 10 MAR 12 PM 2:11
 COMMISSION CLERK

DOCUMENT NUMBER-DATE
 01715 MAR 12 e
 FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY		
Check #	59299	
\$	100.00	06-03-001 003001
\$	100.00	E
\$	10.00	P 06-03-001 004011
\$	2.00	I
Postmark Date	3/4/10	
Initials of Preparer	VM	

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

TG531-09-0-R Com-Tech Systems 3709 Westway Street, Suite A Tyler, TX 75703-6465
DEPOSIT DATE
020 MAR 11 2010

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

* *No Longer in business in Florida. Nancy please Cancel.*

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	Extension Payment Fee (see "4. Extension" on back)	0
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ 0 ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	0

(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.

[Signature] _____ *President* _____ *3-4-10* _____
 (Signature of Company Official) (Title) (Date)

Dorothy Moss _____ Telephone Number *903 509 9850* Fax Number *903 561 6873*
 (Preparer of Form - Please Print Name)

F.E.I. No. _____ DOCUMENT NUMBER-DATE
 01715 MAR 12 2010