

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 4/16/96

Docket No. 960494-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for Name Change on Pay Telephone Certificate No. 4589 from Jeff & Sandi Lund to Jeff & Sandi Lund d/b/a Lund Communications!

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

13 April 1996
Sandra Y Lund
981 Garlenda Ave SW
Palm Bay, FL 32908
fax # 407-724-0411
bus# 407-953-3874



Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard, Gunter Building
Tallahassee, Florida 32399-0850
Attn: Brenda Hawkins

Dear Brenda,

Enclosed, please find our certificate of Fictitious Name as registered with the State of Florida March 11, 1996.

Please change Jeff and Sandi Lund to "Lund Communications" on certificate # 4589.

Sincerely,

Sandra Y. Lund
Sandra Y Lund

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of LUND COMMUNICATIONS, registered with the Department of State on March 11, 1996, as shown by the records of this office.

The Registration Number of this Fictitious Name is G96071000194.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Twelfth day of March, 1996



CR2EO22 (2-95)

Sandra B. Mortlam

Sandra B. Mortlam
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
03-11-96 0004 042 ***80.00
696071000194

Section 1

1. LUND Communications
Fictitious Name to be Registered

2. 981 Gaslenda AV SW
Mailing Address of Business

City Palm Bay, Florida 32908
Zip Code

3. Florida County Brevard

4. FEI Number: N/A

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s) (use an attachment if necessary):

1. LUND Jeffrey D
Last First M.I.
981 Gaslenda AV SW
Address
Palm Bay FL 32908
City State Zip Code
SS# _____

2. _____
Last First M.I.

Address

City State Zip Code
SS# _____

B. Owner(s) of Fictitious Name If Corporation(s) (use an attachment if necessary):

1. _____
Corporate Name

Address

City State Zip Code
Florida Corporate Document No.: _____
FEI Number: _____
 Applied for Not Applicable

2. _____
Corporate Name

Address

City State Zip Code
Florida Corporate Document No.: _____
FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 27 FEB 96
Signature of Owner Date
Phone Number: (407) 727-0465

Signature of Owner Date
Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

Note: Acknowledgements/rtificates will be sent to the address in Section 1 only.