

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT 961044-TC
JOEL D. BOTBOL
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
ATLANTIC BUSINESS COMMUNICATIONS OF ORLANDO INC.
3. ADDRESS OF THE APPLICANT(S)
STREET 4301 VINELAND ROAD E-8
CITY ORLANDO,
STATE & ZIP FL 32811
4. TYPE OF ORGANIZATION (CHECK ONE)
- A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.
- DOCUMENTATION: No other documentation needed.
- B. PARTNERSHIP:
- DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.
- C. CORPORATION:
- DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.
- NAME _____
- ADDRESS _____
- D. DOING BUSINESS UNDER A FICTITIOUS NAME:
- DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: JOEL D. BOTBOL
TITLE: PRESIDENT
PHONE: 407-872-1170

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NONE (NO)

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NO

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

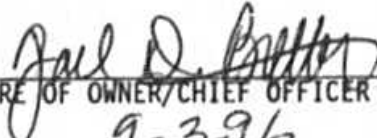
13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)
DATE: 9-3-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant JOEL D. BROTHOL

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Joel D. Brothol

Title PRESIDENT

Date 9-3-96

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of ATLANTIC BUSINESS COMMUNICATIONS OF ORLANDO, INC., a corporation organized under the Laws of the State of Florida, filed on December 4, 1989, as shown by the records of this office.

The document number of this corporation is L34138.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
6th day of December, 1989.



Jim Smith

Jim Smith
Secretary of State

State of Florida

Commissioners:
SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(904) 413-6600

\$100.00
41392
LAF

Public Service Commission

DEPOSIT TREAS. REC.

DATE 9/4/96

D371

SEP 06 '96

Prospective Applicant:

Attached you will find a copy of an application form to provide pay telephone service. Other attachments include Commission rules and service requirements.

A \$100 non-refundable application fee must accompany this application. Payment of this filing fee does not guarantee that a certificate will be granted by this Commission.

Persons or companies involved only in the distribution or selling of pay telephone instruments are not required to obtain certification by this Commission. However, anyone who will be providing pay telephone service (PATS) to the public needs to apply for certification.

Should you have any questions, please do not hesitate to call me at (904) 413-6556.

Sincerely,

Brenda H. Hawkins

Brenda H. Hawkins
Regulatory Analyst
Bureau of Service Evaluation

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SERVICE COMMISSION
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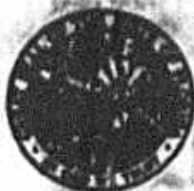
Attachments:

- A. Bilingual notice
- B. Application Form and Acknowledgement Card
- C. PATS information brochure
- D. Commission Rules for Pay Telephone Providers
- E. Rules incorporated by reference
- F. ANSI standards referenced in Rule 25-24.515(14)
- G. FPSC Approved Rates for Pay Telephone Providers

State of Florida

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