

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

D 6 0 4

AUG 29 1997

Mary M. Vlandis

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

TelePro Services

3. ADDRESS OF THE APPLICANT(S)

STREET 7608 Northpointe Dr.

CITY Pensacola

STATE & ZIP FL 32514

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:

veer ps 2UA  
NAME:

Mary M. Vlandis

TITLE: owner

PHONE: 850 887-8022

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.

no

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Florida

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

\_\_\_\_\_

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

\_\_\_\_\_  
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\_\_\_\_\_

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE

LOCAL  
 LONG DISTANCE  
 COIN  
 CALLING CARD  
 CREDIT CARD  
 OTHER, DESCRIBE

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6.

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER, DESCRIBE

PERSONALLY  
 FULL-TIME TECHNICIAN  
 PART-TIME TECHNICIAN  
 SERVICE/REPAIR/MAINTENANCE CONTRACT  
 OTHER, DESCRIBE

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13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 900-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

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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

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APPLICANT ACKNOWLEDGEMENT CARD

Applicant Mary M. Vlandis

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

Signature Mary M. Vlandis

Title owner

Date \_\_\_\_\_

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.

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.

Mano M. Vlandis  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: August 28, 1997



# State of Florida



Department of State

I certify from the records of this office that TELEPHO SERVICES is a Fictitious Name registered with the Department of State on August 18, 1997.

The Registration Number of this Fictitious Name is G97230000143.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Nineteenth day of August, 1997



CR2EO22 (2-95)



Sandra B. Northam  
Secretary of State





Schantz  
Schatzman &  
Aaronson, P.A.

ALAN J. PERLMAN  
Member of the Firm

August 1, 1997

Peter Vlandis  
7608 Northpointe Dr.  
Pensacola, FL 32514

RE: Professional Communication Experts, Inc., d/b/a Pro Comm Experts

Dear Mr. Vlandis:

Please be advised that the undersigned attorney represents the above-named Debtor in connection with its Chapter 7 Bankruptcy Proceeding, filed on August 1, 1997, and currently pending in the United States Bankruptcy Court, for the Southern District of Florida.

The Company has instructed us to advise all of its creditors immediately in an effort to expedite the dissemination of the unfortunate news. In the future, you will receive a "Notice" from the Bankruptcy Court Clerk's Office with additional information, including any deadline to file a claim in this case.

Sincerely,

SCHANTZ, SCHATZMAN & AARONSON, P.A.

ALAN J. PERLMAN

AJP/arw

cc: NATHAN J. MATALON, Pres.

PETER G. VLANDIS  
MARY R. VLANDIS

0352

Date Aug 27, 1999

Pay to the order of Florida Public Service Commission \$ 100.00  
One Hundred + 00/100 Dollars

CENTRAL CREDIT UNION OF FLORIDA

TRUST IN GOD  
HE MAKES THE IMPOSSIBLE POSSIBLE

for payphone license

Mary M. Vlandis

ARTIFICIAL CHECK

**OCCUPATIONAL LICENSE**  
**ESCAMBIA COUNTY, FLORIDA**

**MATT LANGLEY BELL, III**  
**Tax Collector**

THIS LICENSE EXPIRES SEPTEMBER 30, 19 \_\_\_\_

LICENSEE IS HEREBY AUTHORIZED TO ENGAGE IN  
THE BUSINESS, PROFESSION OR OCCUPATION OF

19 \_\_\_\_ 19 \_\_\_\_

7200 4047-00000000 04

7200 4047-00000000 04

ACCT NO. 00000003 GROUP TYPE TOTAL 40.00

This license is in addition to and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority.

ORIGINAL