

DEPOSIT

DATE

D6 95

JAN 27 1999

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

APPLICATION FORM

9871.35-TX

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- ◆ This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- ◆ Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have questions about completing the form, contact:

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PUBLIC SERVICE COMMISSION
93 JAN 27 11 9 25
MAIL ROOM

Florida Public Service Commission
Division of Communications
Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0856
(850) 413-6600

- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

DOCUMENT NUMBER DATE

01471 JAN 27 99

APPLICATION FORM

1. This is an application for x (check one)

Original authority (new company)

Approval of transfer (to another certificated company)

Example, a certificated purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)

Example, a noncertificated company purchases a existing company and desires to retain the certificate of authority rather than apply for a new certificate

Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant: Michael D Rodgers / Patricia E. Rodgers

3. Name under which applicant will do business (d/b/a)

(A.T.S.I)

Alternative Telecommunications Services Inc.

4. If applicable, please provide proof of fictitious name (d/b/a) registration

Fictitious name registration number: N/A

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5. A. National mailing address including street name , number, post office box, city, state, zip code, and phone number.

9210 Weatherly Rd Suite 100
Brooksville, Florida 34601
Phone: 352-796-2437

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number

9210 Weatherly Rd
Brooksville, Florida 34601
Phone: 352-796-2437

6. Structure of organization : x appropriate box(s)

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity

N/A

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8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

None

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P97000108688

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Michael D Rodgers : President Phone: 352-796-2437
9210 Weatherly Rd Suite 100 FAX: 352-796-4482
Brooksville, Florida 34601

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

None

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12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial

No

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for the penalty.

None

14. Please indicate how a customer can file a service complaint with your company.

A customer can call our customer service number at : 1-800-944-9250
or our business number during normal business hours : 352-796-2437

15. Please complete and file a price list in accordance with Commission Rule 25-24.825. (Rule attached)

See attached 15.A

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide local exchange service in Florida.

A. Financial capability. See attached 16.A

Regarding the showing of financial capability, the following applies:

The applicant should contain the applicants financial statements for the most recent 3 years, including:

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

B. Managerial capability. See attached 17.A

C. Technical capability. See attached 17.B

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

APPLICATION FORM

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide all. native local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083".

Officer: Michael D. Rodgers
Signature

January 5 1998
Date

Title: President (352) 796-2437
Telephone Number

Address: 9210 Weatherly Rd Ste. 100
Brooksville, Florida 34601

A . T . S . I

Alternative Telecommunication Services Inc.

Telephone: 352-796-2437

Fax: 352-796-4482

Toll Free: 1-800-944-9250

15.A : Price List

A price list will be submitted during the process of certification with the P.S.C .

16,A : Financial Capability

(A.T.S.I) We are a new company with limited financial statements . I have attached a copy of our start up account . Our company requires very little up front money to provide our services . Fees charged by our telecommunication providers have been negotiated by line of credit between A.T.S.I , our financial institution and the providers

B : 12 month projection

Our company will begin business with minimal amount of lines (5) and increase towards one thousand by year end . As our capital increases we will add additional lines and services to our company .

17,A : Managerial Capability

The members of A.T.S.I have attended several classes pertaining to telecommunications and the necessary requirements for providing our services to the public . My staff includes owners of several prior businesses and corporations

B : Technical Capability

We will be leasing telephone services from BellSouth and reselling them to the public at our rates . BellSouth will handle all of our technical and maintenance aspects in the same manner as their own .

Address: 9210 Weatherly Rd Ste. 100 Brooksville , Florida 34601

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 COMMUNICATIONS SECTION

Florida Public Service Commission
 Division of Communications
 Customer & Compliance Section

A. E. Rodgers or 100171
 Patricia Rodgers
 24488 Islewood Dr., 352-796-5505
 Brooksville, FL 34601-5358

4071
 NJ 134-631

1-26 1998

Pay to the Order of Florida Public Service Com. \$ 250.00

\$ of this form along
able to the Florida

Two hundred & Fifty $\frac{00}{100}$ Dollars

SUNTRUST
 SunTrust Bank, Member FDIC
 Brooksville, FL

Patricia Rodgers

For [Redacted]