

DEPOSIT DATE  
D7 15 FEB 23 1990

ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Eastcoast Communications, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 980270-TC  
Eastcoast Communications, Inc.

3. ADDRESS OF THE APPLICANT(S)  
STREET 7378 W. Atlantic Blvd. # 127  
CITY Margate  
STATE & ZIP CODE Florida 33063

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 Attached

ADDRESS \_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

## D. DOING BUSINESS UNDER A FICTITIOUS NAME ( )

**DOCUMENTATION:** Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office

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

**NAME:** Gerald F. Looney  
**TITLE:** President  
**PHONE:** 954 917-0896

## 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 CANCELED PAY TELEPHONE CERTIFICATES

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  
\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

None

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

No

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

No

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

No

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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED

- 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: 15 to 30

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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
- 
- 
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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 IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24 515(6), F A C

Yes

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4 29.2 - 4 29.4 and - 4 29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24 515(14), F.A.C.)

Yes

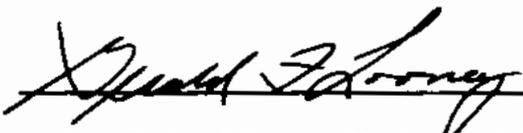
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I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S 837.06, FLORIDA STATUTE, 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.



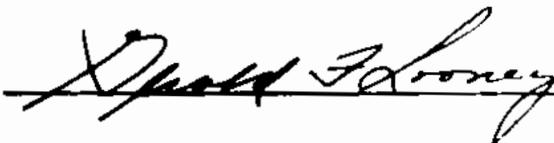
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 2-20-98

**APPLICANT ACKNOWLEDGMENT**

**Applicant** Eastcoast Communications, Inc.

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

**Signature:** 

**Title:** President

**Date:** Feb. 20, 1998

**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 from the records of this office that EASTCOAST COMMUNICATIONS, INC. is a corporation organized under the laws of the State of Florida, filed on February 13, 1998.

The document number of this corporation is P98000014704.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Thirteenth day of February, 1998



CR2EO22 (2-98)

A handwritten signature in cursive script, reading "Sandra W. Northam".

Sandra W. Northam  
Secretary of State

**ARTICLES OF INCORPORATION**

**FILED**

98 FEB 13 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be:

*EASTCOAST COMMUNICATIONS, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be

*7378 W. ATLANTIC BLVD #127  
MARGATE, FL. 33063*

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*1000*

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

*GERAID F. LOONEY  
7378 W. ATLANTIC BLVD. #127  
MARGATE, FL 33063*

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

*GERAID F. LOONEY  
7378 W. ATLANTIC BLVD #127  
MARGATE, FL. 33063*

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*2-11-98*  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*2-11-98*  
\_\_\_\_\_  
Date

DEPOSIT DATE  
D715 FEB 23 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

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GERALD F. LOONE P.A. 05-08-1997  
7378 W. Atlantic Blvd. Ste 127  
Margate, FL 33063

1107

*FEB 23 1998*

PAY TO THE ORDER OF FLA Public Service Commission \$100.00

*One Hundred*

**SUNTRUST**  
SunTrust Bank  
Coral Springs Office  
Coral Springs, FL 33067-4798

*Gerald Loone*