

PLEASE COMPLETE THIS PAGE AND RETURN TO:

880 221-70

Ms. Brenda H Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

DEPOSIT DATE
D7 14 FEB 27 1999

NAME: Charles H. Sawyer Jr.

NAME OF COMPANY: "C" Bus Systems Inc.

ADDRESS: P.O. Box 2300

CITY/STATE/ZIP: Windermere, FL 34786-2300

PHONE # W/AREA CODE: _____

CERTIFICATE #: 5086 COMPANY CODE 15484

(Answer "YES" to one of the following statements below.)

Yes (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date

_____ (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____

FEB 27 1999

Explain why you are requesting cancellation of your certificate

I am requesting cancellation of my certificate because I need to have a new one for my cooperation

SIGNATURE: Charles Sawyer Jr.

DATE 2/25/99
100044-08
100044-08

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Charles H. Jaeger Jr.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
"C" "Dus" J Systems, Inc.

3. ADDRESS OF THE APPLICANT(S)
STREET 8401 VINTAGE DR.
CITY ORLANDO
STATE & ZIP CODE FL 32835

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: AMERICA LAYEN

ADDRESS 343 ALMIRA AVE
CORAL GABLES, FL 33134

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: Charles H. Jaeger, Jr.
TITLE: Owner/President
PHONE: 407-299-3338

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

8. LIST THE STATES IN WHICH THE APPLICANT

A IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

FLORIDA

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

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

No

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

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 10

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

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.)

----- Y/EJ -----

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.

Charles H. Jay
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE 2/25/98

APPLICANT ACKNOWLEDGMENT

Applicant Charles A. Jager Jr.

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

Signature: Charles A. Jager Jr.

Title: OWNER/PRESIDENT

Date: 2/25/98

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.

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M M ●

672 f33 7426

Day 10/11/12

672 f45 6267

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Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications DEPOSIT DATE
Capital Circle Office Center
2540 Shumard Oak Boulevard D718 FEB 27 1998
Tallahassee, FL 32399-0850

NAME: Charles H. Jaeger Jr.
NAME OF COMPANY: "C" "Dot" J Systems Inc.
ADDRESS: P. O. Box 2305
CITY/STATE/ZIP: Windemere, FL 34786-2305
PHONE # W/AREA CODE: _____
CERTIFICATE #: 5086 COMPANY CODE: TF984

(Answer "YES" to one of the following statements below.)

YES (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

_____ (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I NEED TO HAVE

RECEIVED
FEB 27 AM 9 58 ST
MAIL ROOM

CHARLES H. JAEGER, JR.
P.O. BOX 2305
WINDEMERE, FL 34786-2305

Date 2/25/98 919

Pay to the order of

FLORIDA PUBLIC SERVICE COMMISSION 100.00

ONE HUNDRED

GREAT WESTERN BANK

DATE: 2/25/98

FOR DEPOSIT ONLY
CHECKS ONLY
ORANGE, FL 32067
1-800-955-6262

For New Licence

Charles H. Jaeger