

DEPOSIT

DATE

D722

MAR 06 1999

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT NORTSTAR PETROLEUM, INC
980338-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____
NORTSTAR PETROLEUM, INC

3. ADDRESS OF THE APPLICANT(S)
STREET 9907 N. DALE MARY
CITY TAMPA
STATE & ZIP CODE FL 33618

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: GERALD BYRD, JR. P.A.

ADDRESS: 5 MEDILL AVE TAMPA, FL

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: DEAN PETITE

TITLE: PRESIDENT

PHONE: 813 962-6349

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 PAY TELEPHONE CERTIFICATE APPLICATION

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

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

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.

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 4

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.)

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: 2/23/98

APPLICANT ACKNOWLEDGMENT

Applicant HERKSTAR PETROLEUM, 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: 1/23/90

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

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



STEVE TRIBBLE, DIRECTOR
DIVISION OF ADMINISTRATION
(850) 413-6330

Public Service Commission

980338 - T
RECEIVED
MAR 05 1998
FPSC - Records/Reporting

March 5, 1998

Carrollwood Mobil
9907 N. Dale Mabry
Tampa, FL 33618

Dear Sir:

Your Check Number 7064 for \$100, is being returned herewith as it was sent without a Florida Pay Telephone Certificate Application. Enclosed with this check was a form for the Department of Revenue, which we forwarded.

Should you have any questions, please contact Mrs. Pat Page at (850) 413-6257, or at the address below.

Yours truly,

Evelyn H. Sewell, Chief
Bureau of Fiscal Services

EHS:car.pp

Enclosure

c: Mrs. Pat Page
Ms. Kay Flynn

CARROLLWOOD MOBIL
DEAN PETITTE
PH. (813) 962-6349
9907 N. DALE MADRY
TAMPA, FL 33618

7064

63-463631
10


PAY TO THE
ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

ONE HUNDRED

1/29 1978

\$ 100.⁰⁰

100

DOLLARS 

Barnett

048-010
10001 North Dale Mabry Highway
Tampa, Florida 33618

FOR APP. FEE (PAY IN FULL)



State of Florida



Department of State

I certify from the records of this office that NORTHEASTAR PETROLEUM, INC. is a corporation organized under the laws of the state of Florida that on August 31, 1995.

The document number of this corporation is 1955-00007930.

I further certify that said corporation has filed its annual report due for filing through December 31, 1997, and its most recent annual report was filed on July 24, 1997, and its status is active.

I further certify that said corporation has not filed an annual report for 1997.



CR26082 (2-95)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twentieth day of November, 1997.

Sandra B. Northam

Sandra B. Northam
Secretary of State

PLEASE READ!!!

FLORIDA PUBLIC SERVICE COMMISSION
Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service
Within the State of Florida

- ◆ The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- ◆ The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.
- ◆ If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- ◆ Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- ◆ When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have any questions about completing the form, contact the Certification Section at (850) 413-6556.
- ◆ Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Betty Easley Bldg, c/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

DEPOSIT
D722

DATE
MAR 06 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT NORTHSTAR PETROLEUM, INC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

NORTHSTAR PETROLEUM, INC

3. ADDRESS OF THE APPLICANT(S)

STREET 9907 N. DALE MABRY

CITY TAMPA

STATE & ZIP CODE FL 33618

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

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DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

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CARROLLWOOD MOBIL
DEAN PETITTE
PH. (813) 963-6349
9907 N. DALE MABRY
TAMPA, FL 33618

7127

63-663/631
10

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

3/3 19 98

\$ 100.00

ONE HUNDRED

100 DOLLARS

Barnett 848-919
10001 North Dale Mabry Highway
Tampa, Florida 33618

FOR Payphone App