



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: July 14, 1998
 TO: Blanca Bayo, Director, Division of Records and Reporting
 FROM: Nancy Pruitt, Division of Communications *NP*
 RE: Title Change for Docket No. 980805-TC

Staff requests the following Docket Title change:

Application for certificate to provide pay telephone service by Igor Davidovich.

Attached is a copy of the corrected pages for the application. The certificate should be in the applicant's name rather than in the name of a partnership since their is no formal partnership agreement. The name change should be corrected in the docket title, MCD, and the utilities listed in CMS.

c: Legal (K. Pena)

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH *cc Nonnye
Drs. Brach*

DOCUMENT ATTACHED DATE
 07422 JUL 14 88
 DIVISION OF RECORDS AND REPORTING

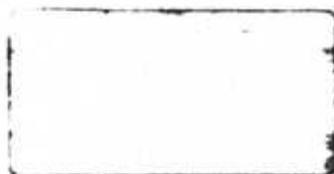
07/09/98

Nancy Pruitt

Attached are 2 pages of application
with correct information about
owner and his current activity
in Florida.

Sincerely

Isac Davidovici



FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Igor Davidovich

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Igor Telecom

3. ADDRESS OF THE APPLICANT(S)

STREET 1451 FAWNWOOD CIRCITY SARASOTASTATE & ZIP CODE FL, 342324. TYPE OF ORGANIZATION (CHECK ONE) I.D.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 _____

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:

IGOR DAVIDOVICH

TITLE:

OWNER

PHONE:

941 377 2487

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.

I.D. 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.

I.D. NON**RECEIVED****Jul 13 1993**