





December 29, 1998

DATE:

CTR EAG LEG LIN OPC RCH SEC WAS

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Public Service Commission

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

	TO:	Blanco Bayo, Director, Division of Records and Reporting
	FROM:	Toni J. McCoy, Regulatory Analyst, Division of Communications
	SUBJECT:	Open Docket Nr. 981927-TC, Revise CASR Title
	Please revise	the CASR title for the above docket from:
	Application 1	for certificate to provide pay telephone service by Janor Enterprise.
	Change to:	
	Application Enterprise.	for certificate to provide pay telephone service by Norman Baldie d/b/a Janor
	See the attac	hed documentation and Page 2 of application to be placed in file.
	Thank you.	
ACK		
AFA		
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DOUBMENT NUMBER-DATE ##682 DEC 30 8 FREC-RICORDS/REPORTING

	Fic Inquiry Menu: Please select an inquiry type from the list at left, then enter a search key in the field at right. Press SEARCH to begin the search.
Compact Fictitious Name Actual Owner Name Compact Owner Name Document Number Owners FEI Number Owners Document Number County - Registrations filed	SUMMARY FOR FILING: G98036000131 STATUS: ACTIVE Current Owners: 0002 Pages in all forms/attachments: 0001 Name JANOR ENTERPRISE
Last Week Search String:	Addr 4613 5TH ST. W.
Search HomePage	LEHIGH ACRES, FL 33971 1) OWNER BALDIE, JANICE D 4613 5TH ST W LEHIGH ACRES, FL 33971 2) OWNER BALDIE, NORMAN L 4613 5TH ST W LEHIGH ACRES, FL 33971
	Summary THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF ** NO HISTORY ** Document Image

APPLICATION

7.	lf us	Ing fictitious name-d/b/a, provide proof of compliance with the fictitious name				
	statu	te (Chapter 865.09 FS) to operate in Florida: (Janor Enter Prise)				
		(Janor Enterp.				
	(a)	Florida Fictitious Name registration number: <u>G98036000131</u>				
8.	F.E.	F. E. I. Number (if applicable):				
9.	If ins	fividual, provide:				
	Nam	. NORMAN L. BADIE				
		: DWNER				
	Add	Address: 4613 5th St W				
	City	City/State/Zip: LEhigh ACRES F1 33971				
		phone No. (941) 368 0290 Fax No.:				
	Inter	Internet E-Mall Address: JD B 247 @ AoL. Com				
	Inter	net Website Address:				
10.		artnership, provide name, title and address of all partners and a copy of the ership agreement.				
	(a.)	Name:				
		Title:				
		Address:				
		City/State/Zip:				
		Telephone No.: Fax No.:				