



Public Service Commission

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

DATE: March 31, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 990368-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide **pay telephone** service by Michael Anthony Teese d/b/a MI-TEE Communications.

Change to:

Application for certificate to provide **pay telephone** service by Michael Anthony Teese.

Please see attached letter from applicant and revised application pages. Applicant does not have d/b/a registered with the Dept. of State.

Thank you.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH copy Normie

DOCUMENT NUMBER-DATE
~~04138~~ MAR 31 8
 FPSC-RECORDS/REPORTING

I would like to request my application be amended from michael anthony teese
D/B/A mi-tee communications to just michael anthony teesa. And refer to attached
amended application page 2.

docket # 990368-tc

1. Name of company or name of individual (not fictitious name or d/b/a):
Michael Anthony Teese

2. Name under which applicant will do business (fictitious name, etc.):
WA

3. Official mailing address:
Street: _____
P.O. Box: 471
City: Clearwater
State: Florida Zip: 33757

4. Florida address:
Street: 420 Flam. N60 Cir
P.O. Box: _____
City: Palm Harbor
State: Florida Zip: 34683

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: _____

10. Partnership (continued)

b. Name: Michael A. Teese
 Title: owner
 Address: P.O Box 471
 City/State/Zip: Clearwater FL 33757
 Telephone No.: 727 939 2209 Fax No.: 727 934 8738
 Internet E-Mail Address: MTEEZ
 Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Michael A. Teese
 Title: owner
 Address: P.O Box 471
 City/State/Zip: Clearwater FL 33757
 Telephone No.: 727 939 2209 Fax No.: 727 934 8738
 Internet E-Mail Address: MTEEZ
 Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Michael A. Teese
 Title: owner
 Address: P.O Box 471
 City/State/Zip: Clearwater FL 33757
 Telephone No.: 727 939 2209 Fax No.: 727 934 8738
 Internet E-Mail Address: MTEEZ
 Internet Website Address: _____