

DEPOSIT

DATE

D152

JUN 14 1999

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

990768-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
 Division of Records and Reporting
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
 Division of Communications

BRUCE J. KREIMEIER
 281 W. CITRUS ST.
 ALTAMONTE SPRINGS, FL 32714

63-751/631
 00639

1106

8 June 19 99

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One Hundred and 00/100 DOLLARS

FIRST UNION First Union National Bank
 Casselberry, Florida
 24 Hour Information Service
 1-800-735-1012

FOR Cert for pay phone service

Bruce Kreimeier MP

DOCUMENT NUMBER-DATE
 07214 JUN 14 99
 DIVISION OF RECORDS AND REPORTING

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(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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

VOICE DATA INC.

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

VOICE DATA INC.

3. Official mailing address:

Street: 281 WEST CITRUS STREET

P.O. Box: _____

City: ALTAMONTE SPRINGS

State: FLORIDA Zip: 32714

4. Florida address:

Street: SAME AS ABOVE

P.O. Box: _____

City: _____

State: _____ Zip: _____

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: P99000050083

CORP # PIR

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: _____

8. F.E.I. Number (if applicable): 59-3577331

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: BRUCE J. KREIMEIER
Title: PRESIDENT
Address: 281 WEST CITRUS STREET
City/State/Zip: ALTAMONTE SPRINGS, FL 32714
Telephone No.: 407-786-0424 Fax No.: 407-786-0423
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: SAME AS ABOVE
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: No

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

- No

b. Has applications pending to be certified 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, rules, or orders. Explain circumstances.

No

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____
- _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

BRUCE J KREIMEIER

Print Name

Bruce J Kreimeier

Signature

PRESIDENT

Title

5/27/99

Date

407-786-0424

Telephone No.

407-786-0423

Fax No.

Address:

281 WEST CITRUS STREET

ALTAMONTE SPRINGS, FL 32714

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

BRUCE J KREIMEIER
Print Name

Bruce J Kreimeier
Signature

PRESIDENT
Title

5/27/99
Date

407-786-0424
Telephone No.

407-786-0423
Fax No.

Address: 281 WEST CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

****APPLICANT ACKNOWLEDGMENT****

Applicant: BRUCE J KREIMEIER (VOICE DATA INC.)

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

BRUCE J KREIMEIER
Print Name

Bruce Kreimeier
Signature

PRESIDENT
Title

5/27/99
Date

407-786-0422
Telephone No.

407-786-0423
Fax No.

Address: 281 WEST CITRUS STREET

ALTAMONTE SPRINGS, FL 32714

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 3, 1999

BRUCE J. KREIMEIER
281 WEST CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

99 JUN 14 PM 8 12
MAIL ROOM
SERVICE COMMISSION

The Articles of Incorporation for VOICE DATA, INC. were filed on May 28, 1999, effective July 1, 1999 and assigned document number P99000050083. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Carolyn Batten, Document Specialist
New Filings Section

Letter Number: 399A00030241

**ARTICLES OF INCORPORATION
OF
VOICE DATA, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VOICE DATA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

281 WEST CITRUS STREET
ALTAMONTE SPRINGS, FLORIDA 32714

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

BRUCE J. KREIMEIER
281 WEST CITRUS STREET
ALTAMONTE SPRINGS, FLORIDA 32714

ARTICLE V EFFECTIVE DATE OF THE CORPORATION

The effective date for the new corporation shall be:

JULY 1, 1999

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DONALD ROBERTS
374 MORNING GLORY DRIVE
LAKE MARY, FLORIDA 32746

Donald Roberts
Signature of Incorporator

5-12-99
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bruce Kreimeier
Signature of Registered Agent

5/20/99
Date

EFFECTIVE DATE

7-1-99

FILED
99 MAY 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA