

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

990993-TX

	<u>DEPOSIT</u>	<u>DATE</u>
<u>Instructions</u>	D178	JUL 30 1999

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** 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 Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

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99 JUL 30 AM 8:36
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APPLICATION

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

JONES PHONES

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

JONES PHONES

4. Official mailing address (including street name & number, post office box, city, state, zip code):

4404 RAINER ROAD

JACKSONVILLE FL 32210-7056

5. Florida address (including street name & number, post office box, city, state, zip code):

4404 RAINER ROAD

JACKSONVILLE FL 32210-7056

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: PATRICIA F. JONES

Title: OWNER

Address: 4404 RAINER ROAD

City/State/Zip: JACKSONVILLE FLORIDA 32210-7056

Telephone No.: 904-778-2185 Fax No.: _____

Internet E-Mail Address: pfjones@mediaone.net

Internet Website Address: www.jacksonville.net/~pfjones

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) **The Florida Secretary of State fictitious name registration number:**

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:**

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement. *N/A NOT A PARTNERSHIP*

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** _____

14. Provide **F.E.I. Number**(if applicable): _____

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

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

(a) The application:

Name: PATRICIA F. JONES

Title: OWNER

Address: 4404 RAINER ROAD

City/State/Zip: JACKSONVILLE, FLORIDA 32210-7056

Telephone No.: 904-778-2185 Fax No.: _____

Internet E-Mail Address: pfjones@mediaone.net

Internet Website Address: www.jacksonville.net/~pfjones

(b) Official point of contact for the ongoing operations of the company:

Name: PATRICIA F. JONES

Title: OWNER

Address: 4404 RAINER ROAD

City/State/Zip: JACKSONVILLE FLORIDA 32210-7056

Telephone No.: 904-778-2185 Fax No.: _____

Internet E-Mail Address: www.jacksonville.net/~pfjones@mediaone.net

Internet Website Address: WWW.jacksonville.net/~pfjones

(c) Complaints/Inquiries from customers:

Name: PATRICIA F JONES

Title: OWNER

Address: 4404 RAINER ROAD

City/State/Zip: JACKSONVILLE FLORIDA 32210-7056

Telephone No.: 904-778-2185 Fax No.: _____

Internet E-Mail Address: pfjones@mediaone.net

Internet Website Address: WWW.jacksonville.net/~pfjones

17. List the states in which the applicant: N/A new company

(a) has operated as an alternative local exchange company.

(b) has applications pending to be certificated as an alternative local exchange company.

(c) is certificated to operate as an alternative local exchange company.

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated. *N/A does not have statements, new*

company
The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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 that 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

<u>Patricia F. Jones</u> Signature	<u>07-25-99</u> Date
<u>OWNER</u> Title	<u>904-778-2185</u> Telephone No.
Address: <u>4404 RAINIER ROAD</u> <u>Jacksonville FL</u>	<u>32210-7056</u> Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) N/A new company

(Title) _____ of (Name of Company)

and current holder of Florida Public Service Commission Certificate Number # _____

_____, have reviewed this application and join in the petitioner's request for
a:

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature _____

Date _____

Title _____

Telephone No. _____

Address: _____

Fax No. _____

INTRASTATE NETWORK (if available) *N/A Bell South*

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

<u>Patricia F. Jones</u>	<u>07-25-99</u>
Signature	Date
<u>OWNER</u>	<u>904-778-2185</u>
Title	Telephone No.
Address: <u>4404 RAINER ROAD</u>	
<u>JACKSONVILLE FL</u>	Fax No.
<u>32210-7056</u>	

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WORLDWIDE SERVICE

PATRICIA F. JONES
 PH 904-778-2185
 4404 RAINIER RD.
 JACKSONVILLE, FL 32210

PRINTED WITH SOY INK
 0816
 63-7927/2630
 BRANCH 013

Date 07-25-99

Pay to the Order of FLORIDA Public Service Commission \$ 250.00
two hundred & fifty & NO/100 Dollars

TAXONAVY FEDERAL CREDIT UNION
 P.O. BOX 45085, JACKSONVILLE, FLORIDA 32232-5085

For APPLICATION PAY PHONES Patricia F. Jones MP
 0816

DOCUMENT NUMBER-DATI
 09016 JUL 30 99