

991606-TC

DEPOSIT

DATE

D 2 0 2 \*

OCT 15 1990

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

Triangle Management Systems, Inc.

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

Cheval Executive Center

3. Official mailing address:

Street: 3939 Cheval Boulevard

P.O. Box:

City: Lutz

State: Florida

Zip: 33549

4. Florida address:

Street: 3939 Cheval Boulevard

P.O. Box:

City: Lutz

State: Florida

Zip: 33549

5. Structure of organization:

( ) Individual

(X) 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: 59-3592712

12643 OCT 15 88

# PAY TELEPHONE SERVICE

## This Package Contains

- ✓ Form PSC/CMU-32 (02/99) - Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida
- ✓ Form PSC/CMU-26 (Rev. 4/98) - Pay Telephone Service Provider Regulatory Assessment Fee Return (For Information Use Only)
- ✓ Frequently Asked Questions Pay Telephone Service
- ✓ Rules Governing Pay Telephone Service
- ✓ Form PSC/CMU-2 (02/99) - Request to Block Incoming Calls
- ✓ Pay Telephone Service Physically Handicapped Rules ANSI Standards
- ✓ Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)
- ✓ Florida Tax Status on Telecommunications (undated table)
- ✓ Municipal Public Service Tax Database
- ✓ Application to Collect Tax in Florida (DR-1 R. 11/97)

MAIL ROOM

99 OCT 14 AM 8 25

RECEIVED  
STATE OF FLORIDA  
REGULATORY COMMISSION

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: Cheval Executive Center

8. F.E.I. Number (if applicable): @99244900011

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:** Richard M. Owers  
**Title:** Secretary (Triangle Management Systems, Inc.)  
**Address:** 3939 Cheval Boulevard  
**City/State/Zip:** Lutz, Florida 33549  
**Telephone No.:** 813-909-4533 **Fax No.:** 813-909-7433  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

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

**Name:** Richard M. Owers  
**Title:** Secretary (Triangle Management Systems, Inc.)  
**Address:** 3939 Cheval Boulevard  
**City/State/Zip:** Lutz, Florida 33549  
**Telephone No.:** 813-909-4533 **Fax No.:** 813-909-7433  
**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

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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

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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

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None

b. Has applications pending to be certified as a pay telephone provider.

None

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

None

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: Four (4)

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

( ) PERSONALLY

( ) FULL-TIME TECHNICIAN

(X) 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.

(X) 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.

(X) 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:

Richard M. Owers

**Print Name**

Secretary

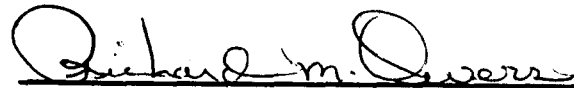
**Title**

813-909-4533

**Telephone No.**

**Address:** 3939 Cheval Boulevard

Lutz, Florida 33549



**Signature** Only as Secretary  
for Triangle Management Systems, Inc.  
10/5/99

**Date**

813-909-7433

**Fax No.**



## \*\*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:

Richard M. Owers

**Print Name**

Secretary

**Title**

813-909-4533

**Telephone No.**

**Address:** 3939 Cheval Boulevard

Lutz, Florida 33549



**Signature** Only as Secretary  
for Triangle Management Systems, Inc.

10/5/99

**Date**

813-909-7433

**Fax No.**

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant:** Cheval Executive Center

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

Richard M. Owers

**Print Name**

Secretary

**Title**

813-909-4533

**Telephone No.**

**Address:** 3939 Cheval Boulevard

Lutz, Florida 33549

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**Signature** Only as Secretary  
for Triangle Management Systems, Inc.

10/5/99

**Date**

813-909-7433

**Fax No.**

**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

September 1, 1999

CHEVAL EXECUTIVE CENTER  
3939 CHEVAL BOULEVARD  
LUTZ, FL 33549

Subject: **CHEVAL EXECUTIVE CENTER**

REGISTRATION NUMBER: **G99244900011**

This will acknowledge the filing of the above fictitious name registration which was registered on September 1, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/s  
Division of Corporations

Letter No. 599A00043594



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 20, 1999

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST, SUITE 1  
TALLAHASSEE, FL 32302

The Articles of Incorporation for TRIANGLE MANAGEMENT SYSTEMS, INC. were filed on August 20, 1999 and assigned document number P99000074516. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**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 RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT 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.

Pamela Hall, Document Specialist  
New Filings Section

Letter Number: 399A00042045

# State of Florida



## Department of State

I certify from the records of this office that TRIANGLE MANAGEMENT SYSTEMS, INC. is a corporation organized under the laws of the State of Florida, filed on August 20, 1999.

The document number of this corporation is P99000074516.

I further certify that said corporation has paid all fees due this office through December 31, 1999, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twentieth day of August, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of TRIANGLE MANAGEMENT SYSTEMS, INC., a Florida corporation, filed on August 20, 1999, as shown by the records of this office.

The document number of this corporation is P99000074516.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twentieth day of August, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

# ARTICLES OF INCORPORATION

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

FILED  
99 AUG 20 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Triangle Management Systems, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

13902 N. Dale Mabry, Suite 214  
Tampa, FL 33618

## ARTICLE III SHARES

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

One Thousand (1000)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

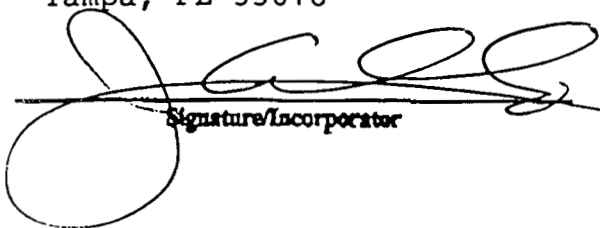
The name and Florida street address of the initial registered agent are:

Joseph P. Cillo  
13902 N. Dale Mabry, Suite 214  
Tampa, FL 33618

## ARTICLE V INCORPORATOR

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

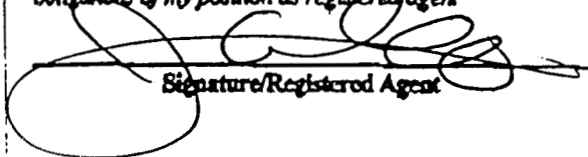
Joseph P. Cillo  
13902 N. Dale Mabry, Suite 214  
Tampa, FL 33618

  
Signature/Incorporator

8/19/99  
Date

(An additional article must be added if an effective date is requested.)

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.

  
Signature/Registered Agent

8/19/99  
Date

991606-TC

DEPOSIT DATE  
D202 # OCT 15 1999

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

Triangle Management Systems, Inc.

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

Cheval Executive Center

3. Official mailing address:

Street: 3939 Cheval Boulevard

P.O. Box:

City: Lutz

State: Florida Zip: 33549

4. Florida address:

Street: 3939 Cheval Boulevard

P.O. Box:

City: Lutz

State: Florida Zip: 33549

5. Structure of organization:

( ) Individual

( ) Corporation

TRIANGLE MANAGEMENT SYSTEMS, INC.

3939 CHEVAL BLVD  
LUTZ, FL 33549

1049

63-656/631

DATE 10/11/99

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

One Hundred and no/100 DOLLARS

Security features included. Details on back.

SUNTRUST

SunTrust Bank, Tampa Bay  
Van Dyke Office  
Tampa, FL 1-800-SunTrust

DOCUMENT NUMBER-DATE

12643 OCT 15 99

FOR Application See For pay Telephone Services

Candis L. Coen



STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
JULIA L. JOHNSON  
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

October 18, 1999

Richard M. Owers, Secretary  
Triangle Management Systems, Inc.  
3939 Cheval Boulevard  
Lutz, Florida 33549

Re: Docket No. 991606-TC

Dear Mr. Owers:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Triangle Management Systems, Inc. d/b/a Cheval Executive Center, which was filed with this office on October 15, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission