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FLORIDA PUBLIC  
SERVICE COMMISSION

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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

991734-TC

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**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**

DEPOSIT

DATE

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- ◆ 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):

Paul & Jeanette Almeida

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

JPA Communications

3. Official mailing address:

Street: 2214 Longmore Circle

P.O. Box:

City: Valrico

State: Florida Zip: 33594

4. Florida address:

Street: 2214 Longmore Circle

P.O. Box:

City: Valrico

State: Florida Zip: 33594

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:

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:

G 99266 900076

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

9. If individual, provide:

Name: Paul + Jeanette Almeida

Title: Owners

Address: 2214 Longmore Circle

City/State/Zip: Valrico, Florida 33594

Telephone No.: 813-661-2018 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:** Paul + Jeanette Almeida  
**Title:** Owners  
**Address:** 2214 Longmore Circle  
**City/State/Zip:** Valrico FL 33594  
**Telephone No.:** 813-661-2018 **Fax No.:** —  
**Internet E-Mail Address:** —  
**Internet Website Address:** —

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

**Name:** Paul + Jeanette Almeida  
**Title:** Owners  
**Address:** 2214 Longmore Circle  
**City/State/Zip:** Valrico FL 33594  
**Telephone No.:** 813-661-2018 **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.

No

If so, provide explanation:

N/A

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.

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 N/A

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

None N/A

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

(✓) OTHER (Describe) Collect Calls

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: Fourteen (14)

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 ACKNOWLEDGMENT\*\***

**Applicant:** Paul + Jeanette Almeida

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

*Paul Almeida*

Paul + Jeanette Almeida  
**Print Name**

Jeanette Almeida  
**Signature**

Owners  
**Title**

11/13/99  
**Date**

813-661-2018  
**Telephone No.**

\_\_\_\_\_  
**Fax No.**

**Address:** 2214 Longmore Circle  
Valrico, FL 33594  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 24, 1999

JPA COMMUNICATIONS  
2214 LONGMORE CIRCLE  
VALRICO, FL 33594

Subject: **JPA COMMUNICATIONS**

REGISTRATION NUMBER: **G99266900076**

This will acknowledge the filing of the above fictitious name registration which was registered on September 24, 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.

Enclosed is your certificate(s) as requested.

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

/tg  
Division of Corporations

Letter No. 899A00046774

# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of JPA COMMUNICATIONS, registered with the Department of State on September 24, 1999, as shown by the records of this office.

The Registration Number of this Fictitious Name is G99266900076.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-fourth day of September, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State



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**Florida Public Service Commission  
Division of Communications**



Paul Almelda  
Jeanette Almelda  
2214 Longmore Cir. 813-661-2018  
Valrico, FL 33594

63-751  
631

3097

Date Nov 13, 1999

Pay to the order of Fla Public Service Commission \$ 100 <sup>00</sup>/<sub>100</sub>

One hundred and <sup>00</sup>/<sub>100</sub> Dollars

FIRST UNION NATIONAL BANK  
R/T 063107513

REDACTED

For JPA Communications *Jeanette Almelda*

DOCUMENT NUMBER-DATE  
14111 NOV 17 99  
FPSC-RECORDS/REPORTING

CURRENT, INC. \*TO RECORDER 1-800-394-3244