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RECORDS AND
REPORTING

FROM: David and Laura Bewley, Owners
Quarter Time Communications
3445 Scrimshaw Drive,
Jacksonville, FL, 32257

TO: Division Records & Reporting
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL, 32399-0876

000205-JR

DATE: 02/14/2000

SUBJECT: Name Change

Please change the name of our Pay Telephone Service Provider Regulatory Company name from Quarter Time Communications, Inc., to Quarter Time Communications, for registration number TE767. Enclosed is a copy our Application for Registration of Fictitious Name.

Please call us at 904-260-1494 with any questions.

Thank You,

David Bewley Laura Bewley
David and Laura Bewley

DOCUMENT NUMBER-DATE

02122 FEB 16 8

FPSC-RECORDS/REPORTING

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1

1. QUARTER TIME COMMUNICATIONS (QTC)
Fictitious Name to be Registered

2. 3445 SCRIMSHAW DR
Mailing Address of Business

City JACKSONVILLE, Florida FL 32257
Zip Code

3. Florida County DUVAL

4. FEI Number: _____

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. <u>BEWLEY LAURA K</u> Last First M.I. <u>3445 SCRIMSHAW DR</u> Address <u>JAX., FL., 32257</u> City State Zip Code SS# _____	2. <u>BEWLEY DAVE L</u> Last First M.I. <u>3445 SCRIMSHAW DR</u> Address <u>JAX., FL., 32257</u> City State Zip Code SS# <u>██████████</u>
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B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

<u>Laura K. Bewley</u> 1/27/2000 Signature of Owner Date Phone Number: <u>904-260-1494</u>	<u>Dave L Bewley</u> 1/27/2000 Signature of Owner Date Phone Number: <u>904-260-1494</u>
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Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date