

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DALE CHARLES PETE
EILERS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____
EILERS TRADE DOT COM F.S.

3. ADDRESS OF THE APPLICANT(S)
STREET P.O. BOX 10351
CITY PANAMA CITY FL 32404
STATE & ZIP CODE FL 32404

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/~~HER~~ OWN NAME: ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: ()

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME: N/A

ADDRESS _____

DOCUMENT NO.
04921-00
4-20-00

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D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: DALE EILERS

TITLE: OWNER

PHONE: 850-874-2111

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

FLORIDA

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50,00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Dale Eilers

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 01 APRIL 2000

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B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE

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, EXPLAIN CIRCUMSTANCES.

NO

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
 - LONG DISTANCE
 - COIN
 - CALLING CARD
 - CREDIT CARD
 - OTHER, DESCRIBE _____
-

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 3 OR 4

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER DESCRIBE
-
-
-

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

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14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

YES

APPLICANT ACKNOWLEDGMENT

Applicant DALE EILERS

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

Signature: Dale Eilers

Title: OWNER

Date: 01 APRIL 2000

THIS MUST BE COMPLETED AND RETURNED WITH 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

October 4, 1999

EILERS TRADE DOT COM F.S.
P.O. BOX 10351
PANAMA CITY, FL 32404

Subject: **EILERS TRADE DOT COM F.S.**

REGISTRATION NUMBER: **G99277900257**

This will acknowledge the filing of the above fictitious name registration which was registered on October 4, 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.

/ac

Division of Corporations

Letter No. 699A00048110

PLEASE READ!!!

000468-TC

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

00 APR 20 AM 8:31

MAIL ROOM

DEPOSIT
D284

DATE FLORIDA PUBLIC SERVICE COMMISSION

APR 24 2000 Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service

Within the State of Florida

- ◆ The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- ◆ The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.
- ◆ If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- ◆ Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- ◆ When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have any questions about completing the form, contact the Certification Section at (850) 413-6556.
- ◆ Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, are to be submitted to:

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED IN A SPECIAL WHITE INK.

PERSONAL MONEY ORDER

HOLD THE DOCUMENT AT A SMALL ANGLE TO SEE THIS SECURITY FEATURE.

Peoples First
Florida's Community Bank

Parkway Office • 607 S. Tyndall Parkway
Panama City, Florida 32404 • (904) 763-6591

DATE APR 19, 2000 \$ *****100.00

611774740

10-86/220

PAY ONE HUNDRED AND 00/100 DOLLARS

TO THE ORDER OF PEOPLE FIRST COMMUNITY BK 100 00 00 CTS Peoples First Parkway Office - Personal Money Order

FLORIDA PUBLIC SERVICE COMMISSION

RE: DALE EILERS DOCUMENT NUMBER-DATE

04921 APR 20 08 Dale Eilers AUTHORIZED SIGNATURE

Issued By Integrated Payment Systems Inc. Englewood, Colorado
To Citibank (New York State) Buffalo, N.Y.