

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 7/25/00

Docket No. 000948-JC

1. Division Name/Staff Name Division of Regulatory Oversight/McCoy
2. OPR Division of Regulatory Oversight/McCoy *DM*
3. OCR Legal Services

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 5440 by Samuel R. Schonwetter, effective 12/20/99.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

08983 JUL 25 8

FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

Call to phone to pay

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/1999 TO
12/31/1999

Florida Public Service Commission

(See Filing Instructions on Back of Form)

DIVISION OF ADMINISTRATION
 1999 DEC 20 AM 10:56
 FLORIDA PUBLIC SERVICE COMMISSION

TG138
 Samuel R. Schonwetter
 4601 S.W. 27th Avenue
 Dania, FL 33312-5707

FOR PSC USE ONLY

Check# _____

S _____ 0603002
003001

S _____ P
0603002
004011

S _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete if Mailing Address Has Changed

Samuel R. Schonwetter *4601 SW*

(Name of Company) (Address)

(City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

Out of Business

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

_____ (Signature of Company Official) *Owner* (Title) 12/16/99 (Date)

_____ (Preparer of Form - Please Print Name) Telephone Number (954) 962-6539 Fax Number ()

F.E.I. No. _____

(954) 962-6539

MAILING AND LIAISON INFORMATION

AS OF 06/07/2000

Samuel R. Schonwetter (TG138)

Mailing name

Samuel R. Schonwetter

Company code

TG138

Mailing address

Samuel R. Schonwetter
4601 S.W. 27th Avenue
Dania, FL 33312-5707

INTERNET E-mail address

Kuabar@aol.com

Company liaison(s)

Samuel R. Schonwetter, Owner. (954) 557-5066

54140
9/3/97

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

June 7, 2000

Mr. Samuel R. Schonwetter
4601 SW 27th Avenue
Dania, FL 33312-5707

Dear Mr. Schonwetter:

The Commission's Division of Administration just recently forwarded a copy of your 1999 regulatory assessment fee form, which was received by the Commission on December 20, 1999. You wrote on the form "Out of business." This appears to be a request for cancellation of your pay telephone certificate. Your Certificate No. 5440 became active September 3, 1997 and we received your written request for cancellation on December 20, 1999, therefore, I can make the effective date of the cancellation December 20, 1999. However, you must first pay the 1999 regulatory assessment fee.

Rule 25-4.0161, Florida Administrative Code, provides that if a certificate is active for any day during a calendar year, the regulatory assessment fee is applicable even if no business was ever conducted. The amount past due is \$65.00. As soon as we receive your check for that amount, we will proceed with opening a docket to cancel your certificate.

Please respond in writing by June 22, 2000. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality & Compliance