

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: August 14, 2000

Docket No. 001131-TC

- 1. Division Name/Staff Name Competitive Services/Isler
- 2. OPR Competitive Services/Isler
- 3. OCR Legal Services
- 4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 7006 issued to Michael Anthony Teese for violation of Rule No. 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

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)

Michael A. Teese _____

2. Interested Persons and their representatives (if any)

6. Check one:

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

Report of Delinquent Regulatory Assessment Fees

As of 07/17/2000

TG535: Michael Anthony Teese
P. O. Box 471
Clearwater, FL 33757-0471

Liaison: Michael A. Teese, Owner, (727) 455-4491

Certificates: 7006, Status is active,

Dates: Effective Date 05/26/1999
Inactive Date / /

RAF Owed: \$ Unknown 01/01/1999 through 12/31/1999

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. Michael Anthony Teese
PO Box 471
Clearwater, FL 33757-0471

Dear Mr. Teese:

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 28, 1999. You wrote on the form "Not in business." This appears to be a request for cancellation of your pay telephone certificate. Your Certificate No. 7006 became active May 26, 1999 and we received your written request for cancellation on December 28, 1999, therefore, I can make the effective date of the cancellation December 28, 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

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION

99 DEC 28 AM 9:41
Michael Anthony Teese
P. O. Box 471
Clearwater, FL 33757-0471

99 DEC 28 AM 8:36
MAIL ROOM

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
003001
P
0603002
004011
I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:

05/26/1999 TO
12/31/1999

Special Mailing Address Has Changed

(Address)

(City/State)

(Zip)

LINE NO.

Not in Business

ON

AMOUNT

1.	G		\$	
2.	C			
3.	I	Communications Companies*		()
4.		Assessment Fee Calculation	\$	
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	\$	

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 _____

* 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)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

RAF ACCOUNT

Printed on 08/14/2000 at 12:55:13 by PJI

Michael Anthony Teese (TG535)

Period Covered: 01/01/1999-12/31/1999	Actual Return: Yes	Operating Revenue:	\$0.00
Service: PAT	Received RAF Form: No	Interstate Revenue:	\$0.00
Due Date: 01/31/2000	Payment Plan: No	Net RAF Due:	\$0.00
Postmark Date: / /	Extension: No	Refund Issued:	\$0.00
Satisfied: No	RAF Rate:	Fine Paid:	\$0.00
DESCRIPTION	AMOUNT DUE	AMOUNT PAID	AMOUNT OWED
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Additional Payment	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00