

ORIGINAL RTR

10-5-00

Billy Richard Wilson  
3022 S.E. 17<sup>th</sup> Ave  
Cape Coral FL 33904  
FAX 941 540 3514

00 OCT -9 AM 8:59  
MAIL ROOM

To: FL. Public Service Comm  
Att: PAULA J. Isler

Reference docket # 001101-TC. I'm enclosing a check in the amount of \$67.00 as past due payment in full. I have contracted an accountant to help me keep up with my business to make sure all future filings are on time. I'd like to offer a settlement amount of \$100.00 to cover amount of fine

Thank you  
B R Wilson

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP   I
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG   I
- OFC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

orig to Hong

Done 10/11/00

DOCUMENT NUMBER-DATE  
12852 OCT-98  
FPSC-RECORDS/REPORTING

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

03/26/99 TO 12/31/99

*P. Isler  
ROK*

Florida Public Service Commission  
See Filing Instructions on Back of Form

TG496  
Billy Richard Wilson  
3022 SE 17th Avenue  
Cape Coral, FL 33904-4005 DATE  
**D372** **OCT 10 2000**

FOR PSC USE ONLY  
Check# 130  
\$ 50.00 0603002  
\$ 12.50 003001  
\$ 4.50 0603002  
Postmark Date 10/6/00 004011  
Initials of Preparer MC

Please Complete Below if Official Mailing Address Has Changed

(Name of Company) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>6591.41</u>
2.	Gross Intrastate Revenue	<u>221.64</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(3634.29)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>3178.76</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>67.00</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$60  
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 13

\* These amounts must be interest only and must be verifiable.

BRW, ENTERPRISES PAYPHONES  
PO BOX 151056  
CAPE CORAL, FL 33914

Date 10-5-00

Pay to the Order of FL Public Service Comm \$ 67<sup>00</sup>  
Sixty-seven and 00/100 Dollars

CAPE CORAL NATIONAL BANK  
Cape Coral, Florida

For check # 001101-TC BR Wilson

I declare under penalty of my knowledge and belief the above truly makes a false statement in writing with second degree.

Date 10-5-00

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FSA Number 9415403514