



****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

DEPOSIT

DATE

D3734

OCT 13 2000

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

001552-TC

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
 Division of Records and Reporting
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
 Division of Regulatory Oversight
 Certification Section
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6480

GERAINT J NICHOLAS
 DL N242-290-46-188-0 EXPO 2001
 SSN 592-52-5347 PHONE 850-638-8060
 440 2ND STREET
 CHIPLEY, FL 32428

2446

61-08/620
BRANCH 93910

10-11-2000 Date

Pay to the order of Florida Public Service Commission \$ 100.00

One hundred dollars

Dollars Security features included. Details on back.



Silver Service

DOCUMENT NUMBER-DATE

12994 OCT 12 8

For Geraint J. Nicholas

FPSC-RECORDS/REPORTING

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(850) 413-6480**

1. Name of company or name of individual (not fictitious name or d/b/a):

GERAINT JOHN NICHOLAS.

2. Name under which applicant will do business (fictitious name, etc.):

J. N. COMMUNICATION SERVICES

3. Official mailing address:

Street: 440 SECOND STREET

P.O. Box: _____

City: CHIPLEY

State: FLORIDA Zip: 32428

4. Florida address:

Street: 440 SECOND STREET

P.O. Box: _____

City: CHIPLEY

State: FLORIDA Zip: 32428

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida

REDACTED

Florida Secretary of State

Corporate Registration Number: SOCIAL SECURITY 

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: 600280900064

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: GERALD JOHN NICHOLAS

Title: OWNER

Address: 440 SECOND STREET

City/State/Zip: CHIPLEY, FLORIDA, 32428

Telephone No.: 850-638-8060 **Fax No.:** _____

Internet E-Mail Address: JOHNNICHOLAS@DIGITALEXP.COM

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

1. The application:

Name: GERAINT JOHN NICHOLAS
Title: OWNER
Address: 440 SECOND STREET
City/State/Zip: CHIPLEY, FLORIDA, 32428
Telephone No.: 850-638-8060 Fax No.: _____
Internet E-Mail Address: JOHNNICHOLAS@DIGITALEXP.COM
Internet Website Address: _____

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: GERAINT JOHN NICHOLAS
Title: OWNER
Address: 440 SECOND STREET
City/State/Zip: CHIPLEY, FLORIDA, 32428
Telephone No.: 850-638-8060 Fax No.: _____
Internet E-Mail Address: JOHNNICHOLAS@DIGITALEXP.COM
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: No

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

NONE

2. Has applications pending to be certified as a pay telephone provider.

NONE

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NONE

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 18

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
- No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
- No Explain: _____

****APPLICANT FEE/TAX STATEMENT****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

<u>GERAINT JOHN NICHOLAS</u> Print Name	<u>Geraint J. Nicholas</u> Signature
<u>OWNER</u> Title	<u>10-11-2000</u> Date
<u>850-638-8060</u> Telephone No.	<u></u> Fax No.
Address: <u>440 SECOND STREET,</u>	
<u>CHIPLEY,</u>	
<u>FLORIDA, 32428.</u>	
<u></u>	
<u></u>	

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

GERAINT JOHN NICHOLAS
Print Name

Geraint J. Nicholas
Signature

OWNER
Title

10-11-2000
Date

850-638-8060
Telephone No.

Fax No.

Address: 440 SECOND STREET,
CHIPLEY,
FLORIDA, 32428

****APPLICANT ACKNOWLEDGMENT****

Applicant: GERAINT JOHN NICHOLAS

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

GERAINT JOHN NICHOLAS Geraint J. Nicholas
Print Name Signature

OWNER 10-11-2000
Title Date

850-638-8060 _____
Telephone No. Fax No.

Address: 440 SECOND STREET,
CHIPLEY,
FLORIDA, 32428.

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF 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 6, 2000

J.N. COMMUNICATION SERVICES
440 SECOND STREET
CHIPLEY, FL 32428

Subject: **J.N. COMMUNICATION SERVICES**

REGISTRATION NUMBER: **G00280900064**

This will acknowledge the filing of the above fictitious name registration which was registered on October 6, 2000. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 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.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/pm
Division of Corporations

Letter No. 700A00052990

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of J.N. COMMUNICATION SERVICES, registered with the Department of State on October 6, 2000, as shown by the records of this office.

The Registration Number of this Fictitious Name is G00280900064.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Sixth day of October, 2000



CR2EO22 (1-99)

Katherine Harris
Katherine Harris
Secretary of State