

# CONCEPTS FOR ADVANCED TECHNOLOGY INC.

205 Pinewood Drive  
Smithfield, RI 02917

(401) 233-7834  
Fax: (401) 232-3597  
EMAIL: CONADTEC @AOL.COM

January 26, 2001

ORIGINAL

Florida Public Service Commission  
Division Of Records And Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

DEPOSIT      DATE  
D016      FEB 02 2001

010161-TC

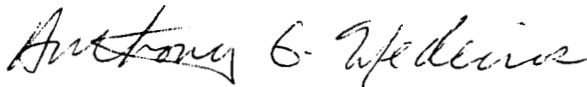
Dear Sir or Madam:

Enclosed, please find one original and two copies of the Application Form For Certificate To Provide Pay Telephone Service Within The State Of Florida.

If you should require any additional information or have additional questions, please contact us at the toll free number provided on the application.

Thank you, and we look forward to serving the community with the highest degree of service and integrity.

Sincerely,



Anthony G. Medeiros  
President

01 FEB -1 11 12:25

DOCUMENT NUMBER-DATE  
01523 FEB-26  
FPSC-RECORDS/REPORTING

1. Name of company or name of individual (not fictitious name or d/b/a):  
CONCEPTS FOR ADVANCED TECHNOLOGY INC.

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

3. Official mailing address:  
Street: 205 PINEWOOD DRIVE  
P.O. Box: 17007  
City: ESMOND  
State: R.I. Zip: 02917

4. Florida address:  
Street: 8743 WOLF DEN TRAIL  
P.O. Box: \_\_\_\_\_  
City: PORT RICHEY  
State: FL Zip: 34668

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
**Florida Secretary of State**  
**Corporate Registration Number:** FD100000046

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:** \_\_\_\_\_

8. F.E.I. Number (if applicable): 05-0502648

9. If individual, provide:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Internet E-Mail Address:** \_\_\_\_\_

**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: ANTHONY G. Medeiros  
Title: President  
Address: 205 Pinewood DRIVE  
City/State/Zip: Smithfield, R.I. 02917  
Telephone No.: 877-611-8525 Fax No.: 401-232-3597  
Internet E-Mail Address: Conadtec@aol.com  
Internet Website Address: \_\_\_\_\_

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

Name: Same as above  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**15. List other states in which the applicant:**

1. Is currently providing pay telephone service.

RHODE ISLAND  
\_\_\_\_\_

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.

NEVER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

NEVER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: 3

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:**

<i>Anthony G. Medeiros</i>	<i>Anthony G. Medeiros</i>
Print Name	Signature
<i>President</i>	<i>12/28/2000</i>
Title	Date
<i>877-611-8525</i>	<i>401-232-3597</i>
Telephone No.	Fax No.
Address: <i>205 Pinewood DRIVE</i>	
<i>Smithfield, RI 02917-3127</i>	



**\*\*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:**

ANTHONY G. MEDEIROS  
Print Name

Anthony G. Medina  
Signature

PRESIDENT  
Title

12/28/2000  
Date

877-611-8525  
Telephone No.

401-232-3597  
Fax No.

Address: 205 Pinewood Drive  
Smithfield, R.I.  
02917

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: CONCEPTS FOR ADVANCED TECHNOLOGY INC.

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

ANTHONY G. Medeiros  
Print Name

Anthony G. Medeiros  
Signature

President  
Title

12/28/2000  
Date

877-611-8525  
Telephone No.

401-232-3597  
Fax No.

Address: 205 Pinewood DRIVE  
Smithfield, R.I.

02917

**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.**

# State of Florida



## Department of State

I certify from the records of this office that CONCEPTS FOR ADVANCED TECHNOLOGY INC., is a corporation organized under the laws of Rhode Island, authorized to transact business in the State of Florida, qualified on January 2, 2001.

The document number of this corporation is F01000000046.

I further certify that said corporation has paid all fees due this office through December 31, 2001, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fourth day of January, 2001



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

# CONCEPTS FOR ADVANCED TECHNOLOGY INC.

205 Pinewood Drive  
Smithfield, RI 02917

[401] 233-7834  
Fax: [401] 232-3597  
EMAIL: CONADTEC@AOL.COM

January 26, 2001

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Thank you, and we look forward to serving the community with the highest degree of service and integrity.

Sincerely,



CONCEPTS FOR ADV. TECH. INC. 10-98  
205 PINWOOD DRIVE  
SMITHFIELD, RI 02917-3127

CITIZENS BANK OF RHODE ISLAND  
PROVIDENCE, RHODE ISLAND 02903  
57-12/115

1116

1/26/2001

PAY TO THE ORDER OF Florida Public Service Commission

\$ \*\*100.00

One Hundred and 00/100\*\*\*\*\*

DOLLARS  
Security features included.  
Details on back.

Division Of Records And Reporting  
2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850  
119.07(1)(z), Florida Statutes: Bank account numbers  
for debit, charge, or credit card numbers given to an  
agency for the purpose of payment of any fee or debt  
owing are confidential and exempt from subsection (1)  
and s.24(a), Art. 1 of the State Constitution . . .

MEMO

*ms G. Medina MP*