

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 2/13/01

Docket No. 010218-TC

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

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 5471
Bernard G. Sawyer, Jr. d/b/a Financial Blueprints, effective 12/31/00.

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

02023 FEB 13 06

EPSC RECORDS REPORTING

FINANCIAL BLUEPRINTS, INC.

P. O. BOX 1562
LAKELAND, FL 33815
PHONE: 863-616-1543
FAX: 863-616-1383

FAX TRANSMITTAL

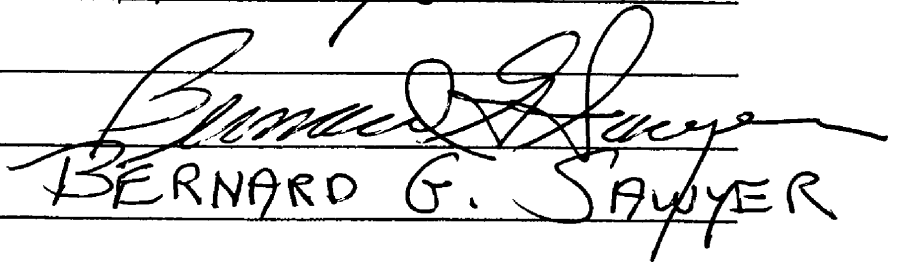
TO: Toni McCoy TEL# 1-850-413-6532
FAX #

FROM: BERNARD G. SAWYER Date: 1-29-01

RE: License TG16P CODE
Division of Regulation Oversight

I would like to cancel my
license, effective 12/00. to own
payphones - I have never owned
or operated pay phones in the
state of Florida.

Thank you


BERNARD G. SAWYER

RECEIVED

JAN 31 2001

Florida Public Service Commission
Division of Regulatory Oversight

Pay Telephone Service Provider Regulatory Assessment Fee Return

1-401

STATUS:

- Actual Return *19/1*
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2000 TO
12/31/2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG168 *00 DEC 29 AM 8:55*
 Financial Blueprints
 4415 Florida National Drive, Suite 110
 Lakeland, FL 33813-1568
 DATE
D400 JAN 03 2001

FOR PSC USE ONLY
 Check# 1773
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 12/26/00
 Initials of Preparer MC

Please Complete Below if Official Mailing Address Has Changed

Financial Blueprints Inc. (Name of Company) *P.O. Box 1562* (Address) *Lakeland FL 33802-1562* (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue <i>P-941) 701-7033</i>	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) <i>F-941) 701-0773</i>	<u>0</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

Memo to BOB Delchert
Jan 11/01

Nonyc

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

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

FE ID # we currently have 59 3431279

* 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.

Bernard G. Sawyer
 (Signature of Company Official)
BERNARD G. SAWYER
 (Preparer of Form - Please Print Name)

Prep
 (Title)
 Telephone Number 863 616-1543 Fax Number 863 616-1383
 F.E.I. No. 59-3624700