TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001   010462-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

2000 to 2001 Pymt

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS: P.25/01

_____ Actual Return

_____ Estimated Return

_____ Amended Return

TF493   01 MAY 15 AM 9:06
Edward D. Pacetti
P. O. Box 551173 MAIL ROOM
Jacksonville, FL 32255-1173 DATE
DEPOSIT
D060 @   MAY 16 2001

PERIOD COVERED:
01/01/2000 TO
12/31/2000

FOR PSC USE ONLY	
Check# 1316	
$ 100.00	0603002
$ 10.00	003001 P
$ 2.00	0603002 004011 I
Postmark Date 5/14/01	
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)	$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	**TOTAL REVENUES for Regulatory Assessment Fee Calculation** (Line 2 less Line 3)	$ 0
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.00
8.	**TOTAL AMOUNT DUE**	$ 62.00

APP _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
LEG _____
OPC _____
PAD _____
RGO _____
SEC _____
SER _____
OTH _____

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   0

*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.

_____   owner   5/7/01
(Signature of Company Official)   (Title)   (Date)

Edward D. Pacetti
(Preparer of Form - Please Print Name)

Telephone Number 904 443-7762   Fax Number (   )
F.E.I. No. _____

DOCUMENT NUMBER-DATE
06072 MAY 15 ō
FPSC- RECORDS/REPORTING

PSC/CMU-26 (Rev.11/11/99)

5/7/01

This check is for 2000 and 2001 Regulatory fee along with intrest and penalty for late payment of the 2000 fee.

At this time I would like to request the cancellation of my certificate. # 4327.

Thank You

Edward D. Paiet