

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

*94, 95, 99, 2000 & 2001 Pymt*

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*Adk  
8/23/01*

TD814	01 MAY 14 AM 9 55
Laurendi Associates	
2489 Kingdom Avenue	
Melbourne, FL 32934-7585	
DEPOSIT	DATE
D071	MAY 16 2001

FOR PSC USE ONLY	
Check# <u>1693</u>	
\$ <u>100.00</u>	0603002
\$ <u>16.90</u>	003001
	P
\$ <u>3.38</u>	0603002
	004011
Postmark Date <u>5/10/01</u>	
Initials of Preparer <u>mc</u>	

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

Please Complete Below If Official Mailing Address Has Changed

2489 Kingdom Avenue

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0.00</u>
2.	Gross Intrastate Revenue	<u>0.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( <u>0.00</u> )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0.00</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>0.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>
8A	TOTAL AMOUNT DUE	\$ <u>62.00</u>

- CAF
- CMP
- CCW
- CTR
- ECR
- LEG
- GPC
- 9A
- 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

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.

*Anthony M. Laurendi*  
(Signature of Company Official)

Anthony M. Laurendi  
(Preparer of Form - Please Print Name)

Proprietor (Title) 5-7-01 (Date)

Telephone Number 321, 259-2057 Fax Number ( )

F.E.I. No. 59-3136190

DOCUMENT NUMBER-DATE

06272 MAY 18 2001

KJK

OPIC 100

01 MAY 14 11 9 55

May 7, 2001

Ms. Paula J. Isler  
Florida Public Service Commission  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, FL. 32399-0850

Re: Docket No. 010413-TC

Dear Ms. Isler:

In response to your correspondence dated 27 April, 2001, I am selecting the voluntary cancellation of the certificate. To comply with that option, please find enclosed funds in the following amounts:

1. A check for \$ 8.28 to resolve previous year penalties and interest,
2. A check for \$ 62.00 to remit the RAF fee for calendar year 2000 (with formPSC/CMU-26), and
3. A check for \$ 50.00 to remit the RAF fee for calendar year 2001

My request for cancellation of the certificate is based on not having provided service for a period of six (6) months as cited in F.A.C. Rule 25-24.514 (d).

Please advise me if the above action is satisfactory to your office and the Public Service Commission.

Thank for the opportunity to resolve theses matters.

Sincerely,

*Anthony M. Laurendi*

Anthony M. Laurendi  
d/b/a Laurendi Associates  
321.259.2057

- \_\_\_ CLERK
- \_\_\_ COMM
- \_\_\_ COUN
- \_\_\_ EXEC
- \_\_\_ FIN
- \_\_\_ GEN
- \_\_\_ INFO
- \_\_\_ INT
- \_\_\_ LEG
- \_\_\_ MGT
- \_\_\_ PLAN
- \_\_\_ PROJ
- \_\_\_ REG
- \_\_\_ RES
- \_\_\_ TECH
- \_\_\_ TRN
- \_\_\_ UNK