

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. I. S. R.
R. S. R.*

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF525
 Notae, Inc.
 P. O. Box 1547
 Nokomis, FL 33424-1547

DEPOSIT DATE JUN 18 2001

FOR PSC USE ONLY	
Check#	00005927
\$	50.00
\$	12.50
\$	2.50
Postmark Date	6/7/01
Initials of Preparer	MC

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

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)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	TOTAL AMOUNT DUE	\$ 0

No pay telephone business - Please delete
 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.

APP 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.

CAE _____ (Signature of Company Official) _____ (Title) _____ (Date)

COM _____

CTB _____

ECR _____

LEG _____

OPC _____ (Preparer of Form - Please Print Name)

PAI _____

RGO _____

SEC I

SER _____

OTH _____

Telephone Number _____ Fax Number () _____

DOCUMENT NUMBER DATE

F.E.I. No. 07272 JUN 12 2001

FPSC-RECORDS/REPORTING

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

NOTAE, INC.

P. O. Box 1547
Nokomis, Florida 34274

Phone (941) 483-4994

Fax (941) 483-4994

June 06, 2001

Ms. Paula J. Isler, Research Assistant
Bureau of Service Quality
State of Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Reference Docket No. 010683-TC

Dear Ms. Isler:

Please find enclosed all items that you requested in your letter of May 31, 2001.

We previously requested cancellation of Notae's Pay Telephone Certificate No. 4360. As explained in our December 15, 2000 letter, we have never pursued the payphone industry in Florida and have no plans to do so in the future.

Therefore, we request cancellation of our Pay Telephone Certificate No. 4360.

Sincerely,



John D. Eaton, President
NOTAE, Inc.

2001 JUN 11 11:10:33
DIVISION OF
COMPETITIVE SERVICES

Notae, Inc.

File Copy

05/24/01.

P. O. Box 1547
Nokomis, Florida 34274
Phone (941) 483-4994
Fax (941) 483-4994

December 15, 2000

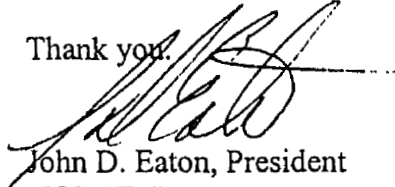
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ATTENTION: Fiscal Services

We request that our telecommunications certificate with your Commission be cancelled, effective January 1, 2000.

We received the certificate several years ago, and have never pursued the payphone industry in this State, and have no plans to do so in the future.

Thank you.


John D. Eaton, President
NOTAE, Inc.