

From Quality Phone Service of FL:

ORIGINAL

P. Isler

010458-TC

To:

✓ CEA

Florida Public Service Commission Clerk

CCM: Barbara Bailey

Enclosed is a check for \$118.00 for the 2000 and 2001 RAF Fee.

At this time I would like to Voluntary Cancel my pay phone certificate no. 4513 and ask for a deferral on item No. 7 on the agenda Conference of 7/24/01

The check No. 2715 includes The Docket No. no. 010458-TC and company code TF 483

Please notify Barbara Bailey upon receipt of this letter

Thank you
David Stanyon
Dulife
Quality Phone Service of FL

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

G. Sanky

DOCUMENT NUMBER DATE

08833 JUL 20 01

FPSC-COMMISSIONER CLERK

010458-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- 0 Actual Return
- 0 Estimated Return
- 0 Amended Return

*P. Isler
CEA*

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

TF483
Quality Phone Service of Florida
1960 Blackfoot Trail
St. Cloud, FL 34771-7942
DEPOSIT DATE
D094 JUL 20 2001

FOR PSC USE ONLY
Check# 2715
\$ 52.50 0603002
\$ 12.50 003001
\$ 3.00 P
0603002
004011
Postmark Date 7/18/01
Initials of Preparer MC

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

Please Complete Below If Official Mailing Address Has Changed

Quality Phone Service of FL 1960 Blackfoot Tr St. Cloud FL 34771
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<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>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>0</u>

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.

David Stanyon
(Signature of Company Official)
David Stanyon
(Preparer of Form - Please Print Name)

Owner
(Title)
Telephone Number (407) 892-7445 Fax Number (407) 892-152
F.E.I. No. _____

0603002
003001
P
0603002
004011
JUL 20 2001
DATE

EPSC-COMMISSION CLERK

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PERIOD COVERED:
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Florida Public Service Commission
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TF483
Quality Phone Service of Florida
1960 Blackfoot Trail
St. Cloud, FL 34771-7942
DEPOSIT DATE
D094 JUL 20 2001

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Check# 2715
\$ 50.00 0603002
003001
\$ P
0603002
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Postmark Date 7/18/01
Initials of Preparer MC

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Quality Phone Service of FL 1960 Blackfoot Tr St. Cloud FL 34771
(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

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

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

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David Stanyon
(Signature of Company Official)

Owner (Title) 7-18-01 (Date)

David Stanyon
(Preparer of Form - Please Print Name)

Telephone Number (702) 892 7445 Fax Number (702) 892 1532

F.E.I. No. _____