

REQUEST FOR CHANGE TO AGENDA CONFERENCE  
HAND DELIVER

Date of Request: 7/18/01 Date of Agenda Conference: 7/24/01 Item No. 7

Docket No.: 010458-TC Brief Title: Cancellation by FPSC of Pay Telephone Certificate No. 4315 issued to David William Stanyon d/b/a Quality Phone Service of Florida for violation of Rule 25-4.0161, F.A.C., RAF ; Telecommunications Companies

Requested by:  Staff  Other David William Stanyon

Please attach a copy of the written documentation if the change is not requested by staff. (Name)

ACTION REQUESTED [see APM 2.11 and SOP 1607]

Defer Item to Agenda Scheduled Date: 9/4/01

Change Order of Item or Take Up at Time Certain

Withdraw Item

Late Filed Recommendation (must be filed no later than 3:00 p.m. on the date approved for late filing) A copy of the front page of the recommendation must be provided to CCA by 12 noon on the regular filing date for use as a place-holder during agenda preparation.

Add Item to Published Agenda [ see Section 120.525(2), F.S.] - Issue an ADDENDUM and give Legal NOTICE

Add Emergency Item to Published Agenda [see Section 120.525 (3), F.S.] - Issue an ADDENDUM and Give Fair NOTICE

Concise recommendation/explanation and justification for the action requested (attach additional sheet if necessary):

Mr. Stanyon would like a voluntary cancellation of his pay phone certificate. He has paid \$118.00 which includes RAF fees, penalty and interest for 2000 and RAF fees for 2001.

STAFF's Recommendation to Executive Suite

Approve Request

Deny Request

Comments

RECEIVED FPSC  
JUL 23 AM 8:42  
COMMISSION  
CLERK

Signature (OPR Staff): [Signature]

Initials (OPR Division Director or Designee): [Initials]

Signature (Legal Staff): [Signature]

Initials (Legal Division Director or Designee): [Initials]

DEPUTY EXECUTIVE DIRECTOR/TECHNICAL OR EXECUTIVE DIRECTOR:

Recommendation to the Chairman's Office

Approve Request

Deny Request

Initials: MAB

Date: 7/18/01

Comments:

CHAIRMAN'S OFFICE:

Approve Request

Deny Request

Initials: MAB

Date: 7/20/01

Executive Suite will send the original to the Division of Commission Clerk and Administrative Services and return a copy to the requesting staff after the Chairman's Office takes action on this request. Requesting staff should distribute copies to the Division Director (OPR), OER and Home/assigned to the docket.

From Quality Phone Service of FL

To:

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  
Dad  
Quality Phone Service of FL

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- P. Isler  
CCA*
- 0 Actual Return
  - 0 Estimated Return
  - 0 Amended Return

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

## 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

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

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 7-18-01  
(Title) (Date)  
Telephone Number (407) 892-7445 Fax Number (407) 892-1522  
F.E.I. No \_\_\_\_\_

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. J. Slater  
CCA*

- Actual Return
- Estimated Return
- Amended Return

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

PERIOD COVERED:  
01/01/2001 TO 12/31/2001

FOR PSC USE ONLY	
Check# <u>2715</u>	
\$ <u>50.00</u>	0603002
	003001
	P
	0603002
	004011
	I
Postmark Date <u>7/18/01</u>	
Initials of Preparer <u>MSC</u>	

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

Owner (Title) 7-18-01 (Date)  
Telephone Number (707) 892 7945 Fax Number (707) 892 1522

F.E.I. No. \_\_\_\_\_

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

01 JUL 19 PM 1:23

MAIL ROOM