

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

CK 1139
\$100.00
MC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

DEPOSIT
D117

DATE
SEP 13 2001

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

DISTRIBUTION CENTER

SEP 12 AM 10:08

11361-01
9/12/01

ORIGINAL

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

011197-7C

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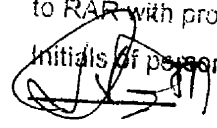
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Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to RAR with proof of deposit.

Initials of person who forwarded check:



DOCUMENT NUMBER-DATE

11361 SEP 12 05

REGISTRATION OF PERK

Name of company or name of individual (not fictitious name or d/b/a):

Go Communities Inc.

011197-TC

Name under which applicant will do business (fictitious name, etc.):

Official mailing address:

Address: 5164 Conroy Rd #1515

Box:

City: Orlando

State: FL Zip: 32811

Home address:

Address: Sw

Box:

City:

State: Zip:

Structure of organization:

() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other:

If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: P01000004689

DOCUMENT NUMBER-DATE

11361 SEP 12 2008

FPSC-COMMISSION CLERK

Florida Fictitious Name

Registration Number: N/A

Number (if applicable): 59-3700248

Additional, provide:

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

Partnership, provide name, title and address of all partners and a copy of the partnership agreement:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

Partnership (continued)

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

will serve as liaison to the Commission with regard to the following?

The application:

Name: Keith Dunne
Title: VICE President Operations
Address: 564 Conway Rd #1515
City/State/Zip: Orlando FL 32811
Telephone No.: 4072443028 Fax No.: 4072443109
Internet E-Mail Address: KDunne@FDN.com
Internet Website Address: _____

Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

... or found guilty of any felony or of any
whether such actions may result from pending proceedings.

provide explanation: NO

applicant or any subsidiary, partner, officer, director, or any stockholder ever been
or denied a pay telephone certificate in the State of Florida? (This includes active
expired pay telephone certificates.) If yes, provide explanation and list the certificate
and certificate number.

yes Focus Connection Inc. 7702
dated 1/2/01

applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary,
or officer in any other Florida certificated pay telephone company? If yes, give name
company and relationship. If no longer associated with company, give reason why not.

yes Focus Connection Inc 7702
with Dunne only

is currently providing pay telephone service.

NONE

Has applications pending to be certified as a pay telephone provider.

NO

Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

Check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

... number of pay telephones... the applicant plans to
operate in the first year: 40

Does the applicant intend to service and maintain each payphone? Check
what apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
-
-
-

Which of the installed pay telephones provide access to all locally available
distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free
(800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
-
-
-

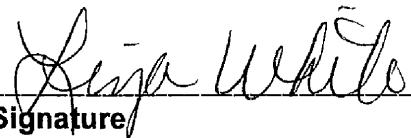
Which of the installed pay telephones conform to subsections 4.28.8.4 and
of the American National Standard (CABO/ANSI A117.1-1992), Accessible
Buildings and Facilities, approved December 15, 1992 by the
American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida
Administrative Code.

- Yes
 - No Explain: _____
-
-
-

****APPLICANT ACKNOWLEDGMENT****

Applicant: _____

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

<u>Liza White</u> Print Name	<u></u> Signature
<u>President - GSO Communications, Inc</u> Title	<u>7/27/01</u> Date
<u>904-645-6003</u> Telephone No.	<u>Same</u> Fax No.

Address: 6182 Lucerne Ave.
Jacksonville FL 32256

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

****APPLICANT ACKNOWLEDGMENT****

Applicant: _____

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

LIZA White _____ Liza White _____
Print Name Signature

President - GO Communications Inc 7/27/01
Title Date

904-645-6003 Same
Telephone No. Fax No.

Address: 6182 Lucerne Ave.
Jacksonville FL 32256

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****APPLICANT FEE/TAX STATEMENT****

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of **0.15 of one percent** of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of **two and one-half percent** on all intra- and interstate business.
3. SALES TAX: I understand the a **seven percent** sales tax must be paid on intra- and interstate revenues.
4. APPLICATION FEE: I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

<u>Keith Dunne</u>	<u>[Signature]</u>
Print Name	Signature
<u>Vice President</u>	<u>8/11/01</u>
Title	Date
<u>407 2443028</u>	<u>407 2443109</u>
Telephone No.	Fax No.
Address: <u>5164 Country Rd #1515</u>	
<u>Orlando FL 32801</u>	
<u> </u>	
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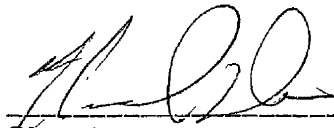
****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Keith Dunn	
Print Name	Signature
Vice President	8/1/01
Title	Date
407 244 3078	407 244 3109
Telephone No.	Fax No.
Address: 5164 Conway Rd #1825	
Orlando FL 32811	