

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

*P. Isler
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG003-00-0-R 010496-TC
 Gary Michael Capasso
 11900 179th Court, N.
 Jupiter, FL 33478-4739

DEPOSIT DATE
 D118 SEP 18 2001

FOR PSC USE ONLY

Check# 0206

\$ 50.00 0603002
 003001
 \$ 12.00 P
 0603002
 004011

Postmark Date 9/12/01
 Initials of Preparer MC

- Actual Return
- Estimated Return
- Amended Return

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)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>50.00</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>
8.	TOTAL AMOUNT DUE	\$ <u>62.00</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

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.

Gary M. Capasso President 5-21-01
 (Signature of Company Official) (Title) (Date)

Gary M. Capasso
 (Preparer of Form - Please Print Name)

Telephone Number 601-747-8320 Fax Number (561) 747-0056

DOCUMENT NUMBER-DATE

11577 SEP 18 01

FPSC-COMMISSION CLERK