

020000-PU ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

FINAL RETURN - NO LONGER PROVIDING SERVICES

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- X Actual Return
Estimated Return
Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

TI423-01-0-R
Intotech, L.C.
7077 Bonneval Road, Suite 600
Jacksonville, FL 32216-6055
DEPOSIT DATE
D167 FEB 01 2002

FOR PSC USE ONLY
Check# 13121
\$ 76.00 0603001
003001
P
0603001
004011
I
Postmark Date 1-30-02
Initials of Preparer JCB

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Other Telecommunications Companies\*, TOTAL REVENUES For Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, TOTAL AMOUNT DUE.

\* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

- ( ) Facilities-Based Carrier (X) Reseller ( ) Call Aggregator
( ) Alternate-Operator Service ( ) Rebillor ( ) Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.
(Name) (Address: City/State/Zip) (Telephone)
What is the total amount of customer deposits collected?
Amount: \$ for 19
What is the total amount of bond held (if applicable)?
Amount: \$ Expires:

COMPANY INFORMATION

Do you lease telecommunications facilities? ( ) YES (X) NO
If YES, who do you lease these facilities from? Name:
Address:

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.

(Signature of Company Official) J. Michael Boland
(Preparer of Form - Please Print Name)
Group Controller (Title)
1-30-02 (Date)
Telephone Number 904-564-6000 Fax Number 904-564-6000 DATE
F.E.I. No. 59-3310589 01254 FEB-18

# Alternative Local Exchange Company Regulatory Assessment Fee Return

**FINAL RETURN - NO LONGER PROVIDING SERVICES**  
 Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

*P. Isler  
 PSCA*

PERIOD COVERED:

01/01/2001 TO 12/31/2001

TX027-01-0-R	EXP. DATE: 12/31/00
Intetech, L.C.	
7077 Bonnevall Road, Suite 600	
Jacksonville, FL 32216-6055	
DEPOSIT	DATE
D167	FEB 01 2002

FOR PSC USE ONLY	
Check#	13122
\$	344.00
	0603006
	003001
\$	P
	0603006
	004011
\$	I
Postmark Date	1-30-02
Initials of Preparer	ICB

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 229,324	\$ 229,324
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 229,324
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		229,324
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		344.
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	TOTAL AMOUNT DUE		\$ 344

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

### CURRENT COMPANY STATUS

Facilities-Based Provider

- Reseller  
 Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

### COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)  
*J. Michael Boland* Group Controller 1-30-02  
 (Preparer of Form - Please Print Name) Telephone Number 904-564-6000 Fax Number 904-564-6001  
 F.E.I. No. 59-3310589



January 30, 2002

Florida Public Service Commission  
Attention: Fiscal Services  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Dear PSC Representative:

Enclosed are Intetech, LC's Alternative Local Exchange Company Regulatory Assessment Fee Return and Interexchange Company Regulatory Assessment Fee Return for the year ended December 31, 2001 with accompanying annual fees of \$344.00 and \$76.00 respectively.

Intetech, LC has sold its PBX switches on September 30, 2001 and ceased operating as a CLEC and IXC carrier. Accordingly, this is the company final return.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Michael Boland".

J. Michael Boland  
Group Controller