

Actel Wireless
Susan R. Mulhall

1101 N Woodland Blvd.
Deland, FL 32720

Phone (386) 734-0057 Fax (386) 822-4775
Email srm@cfl.rr.com

020176-TX

From 11/01/1995 to 12/31/2001 I was employed by Deland Actel, Inc. as Bookkeeper and General Manager. Starting out with 1 location, the business grew to four locations by the end of 2001-all of which became my responsibility to oversee operations, maintain inventory, payroll and financial records.

In 1999 Thomas Allen-Owner of Deland Actel became a Florida certified ALEC. When approved as an ALEC, it became my responsibility to learn the LENS system, enter orders, deal with end users from the onset of the order through to completion of working service, report repair related issues to WINS center, and deal with the LCSC as needed.

Having previous experience in the field, becoming an ALEC myself will not be placing me in unknown territory. I will immediately be able to assist end users, place orders and deal with issues as they arise without outside assistance.

In January of 2002 I purchased the Deland location owned by my previous employer. Having recently acquired the business, there is not a 3 year financial record history for me to provide. However, the purchase of an already established retail store front/telecommunications reseller affords me the luxury of receivables from day 1 of ownership. Although there were out of pocket costs involved in start up, the existing monthly receivables cover overhead and re-imbursed me for any out of pocket start up costs. With current monthly receivables at an average of \$5000.00 overhead is already met. Retail store front sales averaging \$1500.00 per day ensure continual income above and beyond the existing monthly billing, as well as ensuring continual growth in monthly receivables.

Having worked in this industry and being the General Manager overseeing all locations for the past 6 1/2 years the business is not new to me. Running it as my own is not much different as what I was doing during my employment with Deland Actel, Inc.. Customers know me well, so the transition to new ownership suffered no ill effects on the total customer base.

Overall the business is sound and the receivables are strong, and continually growing. In my opinion, the business that would come from becoming an ALEC would compliment the existing customer base/services provided as well as enable additional growth for the company.

DOCUMENT NUMBER -DATE

02373 MAR-18

FPSC-COMMISSION CLERK

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

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).

Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.

Use a separate sheet for each answer which will not fit the allotted space.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

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

APPLICATION

1. This is an application for (check one):

- Original certificate** (new company).
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Susan R Mulhall DBA Actel

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

Actel Wireless

4. Official mailing address (including street name & number, post office box, city, state, zip code):

1101 N. Woodland Blvd
Deland FL 32720

5. Florida address (including street name & number, post office box, city, state, zip code):

1104 N. Woodland Blvd
Deland FL 32720

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. If individual, provide:

Name: Susan R Mulhall

Title: Owner

Address: 1104 Evergreen Pl

City/State/Zip: Deland FL 32720

Telephone No.: 386 138 2825 Fax No.: 386 822 4775

Internet E-Mail Address: SRM@CFL.RIZ.COM

Internet Website Address: _____

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

(a) The Florida Secretary of State corporate registration number:

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

G 02002900147

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

12. **If a 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: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide **F.E.I. Number**(if applicable): 80-0021688

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Susan Mulhall
Title: owner
Address: 1101 W. Woodland Blvd
City/State/Zip: Deland FL 32720
Telephone No.: 386 734 0057 Fax No.: 386 822 4775
Internet E-Mail Address: sm@cfl.rr.com
Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Susan Mulhall
Title: Owner
Address: 1101 N Woodland Blvd
City/State/Zip: Deland FL 32720
Telephone No.: 386 734 0057 Fax No.: 386 822 4775
Internet E-Mail Address: SEM@CFI.RR.COM
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Susan Mulhall
Title: Owner
Address: 1101 N Woodland Blvd
City/State/Zip: Deland FL 32720
Telephone No.: 386 734 0057 Fax No.: 386 822 4775
Internet E-Mail Address: SEM@CFI.RR.COM
Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

(b) has applications pending to be certificated as an alternative local exchange company.

(c) is certificated to operate as an alternative local exchange company.

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Submit the following:

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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 that 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Susan R Mulhall

Print Name

Susan R Mulhall

Signature

Owner

Title

2/26/02

Date

386 734 0057

Telephone No.

386 8224775

Fax No.

Address:

1101 N. Woodland Blvd
Deland FL 32720

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

Susan R. Mitchell

Print Name

Susan R. Mitchell

Signature

owner

Title

2/26/02

Date

386 734 0057

Telephone No.

386 822 4775

Fax No.

Address:

1101 N. Woodland Blvd
Deland FL 32720

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. **POP:** Addresses where located, and indicate if owned or leased.

1)_____	2)_____
_____	_____
3)_____	4)_____
_____	_____

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1)_____	2)_____
_____	_____
3)_____	4)_____
_____	_____

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1)_____	_____
2)_____	_____
3)_____	_____
4)_____	_____

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____
(Title) _____ of (Name of Company)

and current holder of Florida Public Service Commission Certificate Number # _____
_____, have reviewed this application and join in the petitioner's request for a:

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Print Name _____

Signature _____

Title _____

Date _____

Telephone No. _____

Fax No. _____

Address: _____

