

Pay Telephone Service Provider Regulatory Assessment Fee Return

020000-PU
ORIGINAL

STATUS: *P. Isler
PCA*
 Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2001 TO 11/15/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF931-01-0-R
Sharon Lorraine
3266 Redditt Road
Orlando, FL 32822-3938
DEPOSIT
D183
DATE
MAR 05 2002

FOR PSC USE ONLY	
Check#	3815
\$	50.00
	0603002
	003001
\$	
	P.
	0603002
	004011
\$	
	I
Postmark Date	2/26/02
Initials of Preparer	MC

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
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1.	Gross Operating Revenue (Florida)	\$ 50.00
2.	Gross Intrastate Revenue	\$ 0.00
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)	\$ 50.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
TOTAL AMOUNT DUE		\$ 50.00

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

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 JPC _____
 VMS _____
 SEC Number of pay telephones in operation at close of period covered
 DTH _____ by this Return

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

*Please cancel
cert ACCOUNT*

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.

Sharon Lorraine
(Signature of Company Official)

Owner
(Title) *2-02-02*
(Date)

(Preparer of Form - Please Print Name)

Telephone Number (407) 277-5452 Fax Number ()

F.E.I. No. 05 FEB 20 2002 DOCUMENT NUMBER-DATE

02534 MAR-5 2002