

# Pay Telephone Service Provider Regulatory Assessment Fee Return

# ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*R. Iskierka*  
*CCA*

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG553-01-0-R  
 Wayne Kurta  
 9231 Carma Drive  
 Boynton Beach, FL 33437-1244  
 DEPOSIT DATE  
 D1866 MAR 08 2002

FOR PSC USE ONLY	
Check#	3458
\$	50.00
\$	2.50
\$	.50
Postmark Date	3/4/02
Initials of Preparer	MC

PERIOD COVERED:

01/01/2001 TO 06/07/2001

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)	\$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 0
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)	
8.	<b>TOTAL AMOUNT DUE</b>	\$ 53.00

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GO
- OPC
- MMS
- SEC
- OTH

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.

Wayne Kurta  
 (Signature of Company Official)  
 Wayne Kurta  
 (Preparer of Form - Please Print Name)

\_\_\_\_\_  
 (Title)  
 Telephone Number 561-237-5603 Fax Number ( )  
 F.E.I. No. \_\_\_\_\_  
 3/2/02  
 (Date)

Please Cancel Certificate  
 Business was terminated  
 6/2000  
 Thank you  
 Wayne Kurta

DOCUMENT NUMBER - DATE  
 02902 MAR 13 2002  
 FPSC-COMMISSION CLERK