

020245-TC

1. Name of company or name of individual (not fictitious name or d/b/a):
BLACKWATER SERVICE, INC.

2. Name under which applicant will do business (fictitious name, etc.): BSI

3. Official mailing address:

Street: 36 TERRY CT.

P.O. Box: _____

City: Athens

State: GA. Zip: 30607-4002

4. Florida address:

Street: 122 EAST TOWNING PLACE

P.O. Box: _____

City: Titusville

State: FL. Zip: 32796

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

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

Florida Secretary of State
Corporate Registration Number: _____

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: _____

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: Montgomery Cooper
Title: V.P.
Address: 122 East Towne Place
City/State/Zip: Titusville, FL 32796
Telephone No.: 800-984-1211 Fax No.: 321-264-4440
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Jim Flock
Title: PRESIDENT
Address: 36 Terry Ct.
City/State/Zip: Athens, GA 30607-4002
Telephone No.: 706-353-1366 Fax No.: 706-353-~~9230~~³⁰⁹⁰
Internet E-Mail Address: Jim-Flock@Hotmail.com
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: _____

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

b. Has applications pending to be certified as a pay telephone provider.

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

16. Please check (✓) the services that will be provided:

- (✓) LOCAL
 - (✓) LONG DISTANCE
 - (✓) COIN
 - (✓) CALLING CARD
 - (✓) CREDIT CARD
 - (✓) OTHER (Describe) _____
-
-
-

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____
- _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

****APPLICANT FEE/TAX STATEMENT****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the 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 the 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 \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Jim Fluck
Print Name

PRESIDENT
Title

706-353-1366
Telephone No.

[Signature]
Signature

3-18-02
Date

706-353-³⁰⁹⁰~~7050~~
Fax No.

Address: 36 TERRY CT

ATHENS, GA 30607-4002

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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:

Jim Fluck
Print Name

PRESIDENT
Title

706-353-1366
Telephone No.

[Signature]
Signature

3-18-02
Date

706-353-³⁰⁹⁰~~3090~~
Fax No.

Address: _____

****APPLICANT ACKNOWLEDGMENT****

Applicant: Jim Fluck

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Jim Fluck
Print Name


Signature

PRESIDENT
Title

3-18-02
Date

706-353-1366
Telephone No.

706-353-3090
Fax No.

Address: 36 TERRY Ct
Athens, GA 30607-4002

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

APPROVED AND FILED

02 MAR 18 AM 10:14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. BSI Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

122 E. Towne Pl Mailing Address of Business Titusville, FL 32796 City State Zip Code

3. Florida County of principal place of business: BREVARD (see instructions if more than one county)

4. FEI Number:

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Flock Jim H Last First M.I. 36 Terry Ct Address Athens GA 30607 City State Zip Code SS# (not mandatory)

2. Last First M.I. Address City State Zip Code SS# (not mandatory)

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Entity Name Address City State Zip Code Florida Registration Number FEI Number: Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: Applied for Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Signature of Owner Date 3-18-02 Phone Number: 706-353-1366

Signature of Owner Date Phone Number:

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name, which was registered on and was assigned registration number

Signature of Owner Date Signature of Owner Date

602077900028-1-51 -03/18/02--61029--001 *****50.00

Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30

FILING FEE: \$50

CR4E001 (8/01)

Handwritten initials/signature



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 18, 2002

BSI
122 E TOWNE PL
TITUSVILLE, FL 32796

Subject: **BSI**

REGISTRATION NUMBER: **G02077900028**

This will acknowledge the filing of the above fictitious name registration which was registered on March 18, 2002. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Public Assistance
Division of Corporations

Letter No. 402A00016127