



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

**DATE:** April 9, 2002

**TO:** Blanco Bayo, Director, Division of Commission Clerk and Administrative Services

**FROM:** Toni J. McCoy, <sup>10</sup>Regulatory Analyst, Division of Competitive Markets and Enforcement

**SUBJECT:** Docket No. 020296-TC; Surf Bar & Cocktail Lounge Inc.

Please change the CASR title to reflect to Secretary of State printout attached.

The company name should read as:

Surf Bar and Cocktail Lounge, Inc.

Also, please place the attached corrected page 6 of the PATS application in the Docket File.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

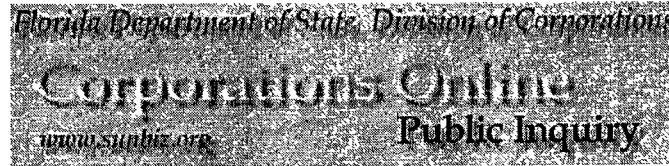
- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH \_\_\_\_\_

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DOCUMENT NUMBER-DATE

03999 APR 10 8

FPSC-COMMISSION CLERK



**Florida Profit**

**SURF BAR AND COCKTAIL LOUNGE, INC.**

**PRINCIPAL ADDRESS**

SURF LOUNGE  
181 NORTH CAUSEWAY  
NEW SYMRNA BEACH FL 32169 US  
Changed 01/14/1997

**MAILING ADDRESS**

181 N CAUSEWAY  
NEW SMYRNA BEACH FL 32169 US  
Changed 01/14/1997

**Document Number**  
L45542

**FEI Number**  
592992924

**Date Filed**  
01/22/1990

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

**Registered Agent**

**Name & Address**

PAPPAS, NICKOLAS T.  
181 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169

**Officer/Director Detail**

| Name & Address  | Title |
|---|-------|
| PAPPAS, NICKOLAS T.<br>181 N. CAUSEWAY<br><br>NEW SMYRNA BEACH FL | D     |
| DEWERS, MARY ANN<br>181 N CAUSEWAY<br><br>NEW SMYRNA BEACH FL     | D     |

Annual Reports

| Report Year | Filed Date | Intangible Tax |
|-------------|------------|----------------|
| 2000        | 01/12/2000 |                |
| 2001        | 02/01/2001 |                |
| 2002        | 01/21/2002 |                |

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Per Telephone Call 4/9/02 w/ Mary Ann Deveses

enclos.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

No

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

No

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

No

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

No

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

( ) OTHER (Describe) \_\_\_\_\_