

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: \_\_\_\_\_

020486-TC

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: ERIC MUGLER

Title: OWNER

Address: 9976 STOCKRIDGE RD DRIVE

City/State/Zip: TAMPA FL 33626

Telephone No.: 813/7925959 Fax No.: same

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:

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

Form FSC/CMO-22 (02/98)  
Required by Commission Rule Nos. 28-24.510 & 28-24.521  
File Name: cmc-22.doc

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  
UBM

DOCUMENT NUMBER-DATE

05889 JUN-58

2. 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?

1. The application:

Name: DAVID GREENBERG  
Title: Employee  
Address: 11541 SHIPWATCH DR # 1014  
City/State/Zip: LARGO FL  
Telephone No.: 727-560-4288 Fax No.: 727-596-4700  
Internet E-Mail Address: LEVERAD@aol.com  
Internet Website Address: \_\_\_\_\_

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

Name: ERIC ROGEE  
Title: OWNER  
Address: 9976 STOCKBRIDGE ~~DR~~ DRIVE  
City/State/Zip: TAMPA FL  
 Telephone No.: <sup>813</sup> 782/5859 Fax No.: same  
 Internet E-Mail Address: \_\_\_\_\_  
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: NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

1. Is currently providing pay telephone service.

N/A

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

N/A

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

N/A

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

N/A

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: 30

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 4.28.5.4 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: \_\_\_\_\_

**UTILITY OFFICIAL:**

Eric Kofler  
Print Name

(7) Eric Kofler  
Signature

OWNER  
Title

5/30/02  
Date

Telephone No.

Fax No.

Address:

9976 STOCKBRIDGE AVE DRIVE  
TAMPA FL 33626 / 33626

**\*\*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 637.06, 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:**

Eric Kofler  
Print Name

Eric Kofler  
Signature

DWR  
Title

5/30/02  
Date

813/792 5859  
Telephone No.

None  
Fax No.

Address: ERIC KOFLEK  
9976 STOCK BRIDGE DRIVE  
TAMPA 33626

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: ERIC KUGLER

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

ERIC KUGLER X  
Print Name Signature

OWNER  
Title 5/30/09  
Date

X Telephone No. X Fax No.

Address: 9976 STOCK BRIDGE RD DRIVE  
TAMPA FL 33620

**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.**

Form PSC/OSU-38 (02/98)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: com-32.doc