

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler*  
*CEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TE999-02-0-R	<b>DEPOSIT</b>	<b>DATE</b>
Dutch Enterprises	<b>D222</b>	<b>JUN 10 2002</b>
5539 Westwood Drive Milton, FL 32570-3770		
cc: P. Isler		

<b>FOR PSC USE ONLY</b>	
Check# <i>6118</i>	
\$ <i>50.00</i>	0603002 003001
\$	P 0603002 004011
\$	
Postmark Date: <i>6/4/02</i>	
Initials of Preparer: <i>MC</i>	

PERIOD COVERED:  
01/01/2002 TO 12/31/2002

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)	\$ _____
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)	\$ _____
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>	\$ <i>50.00</i>

AUS \_\_\_\_\_ AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, **THE MINIMUM ANNUAL FEE IS \$50**

CAF \_\_\_\_\_

CMP \_\_\_\_\_ THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED.

COM \_\_\_\_\_

CTR \_\_\_\_\_

EO# \_\_\_\_\_ Number of pay telephones in operation at close of period covered \_\_\_\_\_

GCL \_\_\_\_\_ by this Return

OPC \_\_\_\_\_

MMS \_\_\_\_\_

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

OTH \_\_\_\_\_

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.

*Cornelia H. Robinson* \_\_\_\_\_ *Owner* \_\_\_\_\_ *5-31-02* \_\_\_\_\_  
(Signature of Company Official) (Title) (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

DOCUMENT NUMBER-DATE  
05995 JUN 10 02