

NANCY

020454-TX ORIGINAL

THANK YOU SO MUCH FOR YOUR
HELP ON THIS, YOU ARE A GREAT PERSON!
I HOPE I HAVE EVERYTHING IN ORDER
BUT IF NOT, WOULD YOU BE SO KIND
AS TO GIVE ME A CALL AND I WILL
MAKE ANY CHANGES THAT ARE NEEDED.
AGAIN, YOU ARE ANGE! I WISH EVERYONE
I WORKED WITH WAS AS KIND AS YOU.

Jack Cromwell

727 397 0382

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC I _____
OTH _____

DOCUMENT NUMBER - DATE

08274 AUG-78

FPSC-COMMISSION CLERK

ORIGINAL

THIS IS ADDITIONAL MATERIAL FOR OPEN DOCKET # 020454-TX
APPROVAL FOR TRANSFER OF CERTIFICATE FROM C.B. TELECOMM
CERTIFICATE # TX560, TO BAR-LYN ENTERPRISES, DBA: SWIFTPHONE

DOCUMENT NUMBER-DATE
08274 AUG-78
FPSC-COMMISSION CLERK

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).

Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.

Use a separate sheet for each answer which will not fit the allotted space.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

ORIGINAL

APPLICATION

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

BAR-LYN Enterprises INC

3. Name under which the applicant will do business (fictitious name, etc.):

Swiftphone

4. Official mailing address (including street name & number, post office box, city, state, zip code):

P.O. Box 3961
Seminole FLA,
33775

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:

[Signature]

02 AUG -7 AM 10:38
DISTRIBUTION CENTER

5. Florida address (including street name & number, post office box, city, state, zip code):

8784 95th Ter
LARGO, FL
33777

6. Structure of organization:

- () Individual
() Foreign Corporation
() General Partnership
() Other _____
- (X) Corporation
() Foreign Partnership
() Limited Partnership

7. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) The Florida Secretary of State corporate registration number:

Letter # 802A00002120

doc # P02000004984

9. **If foreign corporation, provide proof of authority to operate in Florida:**

(a) The Florida Secretary of State corporate registration number:

10. **If using fictitious name d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:**

(a) The Florida Secretary of State fictitious name registration number:

_____ C02127900223 _____

11. **If a limited liability partnership, provide proof of registration to operate in Florida:**

(a) The Florida Secretary of State registration number:

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.**

(a) The Florida registration number: _____

14. **Provide F.E.I. Number(if applicable):** 043585873

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

NONE

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NONE

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

(a) The application:

Name: JACK Cromwell
Title: CLERK MGR.
Address: P.O. Box 3961
City/State/Zip: Seminole FLA 33775
Telephone No.: 727 397 0362 Fax No.: 727 320 8533
Internet E-Mail Address: Swiftphone @ AOL.COM
Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: JACK Cromwell
Title: OFFICE MGR
Address: P.O. BOX 3961
City/State/Zip: Seminole FL 33775
Telephone No.: 727 397 0382 Fax No.: 727 320 8533
Internet E-Mail Address: Swiftphone@AOL.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: LISA BARDIELL
Title: Pres
Address: P.O. Box 3961
City/State/Zip: Seminole FLA. 33775
Telephone No.: 727 397 0382 Fax No.: 727 320 8533
Internet E-Mail Address: swiftphone@aol.com
Internet Website Address: _____

17. **List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

NONE

(c) is certificated to operate as an alternative local exchange company.

NONE

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

NONE

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NONE

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

18. Submit the following:

A. **Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.**

B. **Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.**

THIS PAGE MUST BE COMPLETED AND SIGNED
APPLICANT ACKNOWLEDGMENT STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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 that 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

LISE BARDELL

Print Name

Pres

Title

727 397 0382

Telephone No.

Lisa H. Bardell

Signature

08-05-02

Date

727 320 8533

Fax No.

Address:

P.O. Box 3961

Seminole, FL

33775

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

LISA BARDELL

Print Name

Pres

Title

727 397 0382

Telephone No.

Lisa BardeLL

Signature

08-05-02

Date

727 320 8533

Fax No.

Address:

P.O. Box 3961

Seminole, FL

33775

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

- | | |
|----------------|----------|
| 1) <u>NONE</u> | 2) _____ |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

- | | |
|----------------|----------|
| 1) <u>NONE</u> | 2) _____ |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

- | <u>POP-to-POP</u> | <u>OWNERSHIP</u> |
|-------------------|------------------|
| 1) <u>NONE</u> | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) JACK Cromwell
(Title) PRESIDENT of (Name of Company)

C.B. Telecomm
and current holder of Florida Public Service Commission Certificate Number # TX560
_____ have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

JACK Cromwell
Print Name
Pres
Title
727 397-0382
Telephone No.

JACK Cromwell
Signature
08-05-02
Date
727 320 8533
Fax No.

Address: P.O. Box 3961
Seminole, FL
33775

TECHNICAL CAPABILITY

WE ARE A RESALE COMPANY RELYING ON COMPANIES, BELL SOUTH AND SPRINT FOR OUTSIDE PLANT REPAIR.

JACK CROMWELL HAS 25 YEARS AS A CABLE SPLICER AND INSTALL AND REPAIR FOR ALL THE MAJOR TELEPHONE CO. AND WILL ASSIST ANY CUSTOMER WITH REPAIRS THAT MAY BE NEEDED.

JACK CROMWELL

1999-2002 C.B. TELECOMM INC
5650 PARK BLVD.
PINELLAS PARK, FL
POSITION: PRES

1997-1999 MSG TELEPHONE CONTRACTORS
DOTHAN, ALA
CABLE SPLICER, INSTALLER

1995-1997 HINKELS AND MCCOY
BLUE BELL, PA
CABLE SPLICER, INSTALLER

1993-1995 SOUTHERN INSTALLATION
LEXINGTON, S.C.
CABLE SPLICER, INSTALLER

I HAVE CONTRACTED FOR ALL THE DIFFERENT TELEPHONE COMPANIES SUCH AS GTE, VERIZON, ALLTELL, BELL SOUTH, UNITED, AND BELL ATLANTIC WORKING ON OUTSIDE PLANT AND INSIDE WIRING AND PHONES. THIS I HAVE DONE FOR THE PAST 25 YEARS.

AT C.B. TELECOMM I RAN ALL DAY TO DAY OPERATIONS, BILLING, CUSTOMER RELATIONS AND SERVICE, ORDERS AND WORKED WITH ALL VENDORS TO PROVIDE SERVICE TO OUR CUSTOMERS, I WILL BE DOING THE SAME FOR BAR-LYN ENTERPRISES.

LISA D BARDELL

- 1984-1988 TINI AND SONS GROCERY
16201 OLD SEAGOVILLE RD.
DALLAS, TEXAS 75253
POSITION: SHIFT MANAGER
- 1988-1992 FAMILY DOLLAR STORES INC.
P.O. BOX 1017
CHARLOTTE, N.C. 28201
POSITION: STORE MANAGER
- 1992-1994 DOLLAR SMART
428 S. GALLOWAY
MESQUITE, TEXAS 75149
POSITION: STORE MANAGER
- 1994-1995 COMPASSIONATE CARE
2473 E. MAIN
PLAINFIELD, INDIANA 46168
POSITION: MARKETING COORDINATOR
- 1995-1998 FAMILY DOLLAR STORE
P.O. BOX 1017
CHARLOTTE, N.C. 28201
POSITION: STORE MANAGER
- 1999-2002 BIG LOTS
1243 S. MISSOURI AV
CLEARWATER, FL 33756
POSITION: STORE MANAGER