

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 10/10/02

Docket No. 021044TC

1. Division Name/Staff Name Division of Competitive Markets and Enforcement/McCoy
2. OPR Toni McCoy/CMP *JM*
3. OCR Legal
4. Suggested Docket Title Request for cancellation of Pay Telephone Services Certificate No. 3033 by James M. Shurbert, effective 7/16/02.

5. Suggested Docket Mailing List (attach separate sheet if necessary)
- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
  - B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
    1. Parties and their representatives (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested persons and their representatives (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:
- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER - DATE  
**11044 OCT 11 02**  
PSC-COMMISSION CLERK

JSM  
7/16/02

June 28<sup>th</sup>, 2002

Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

Attention: Fiscal Services

Dear Sir,

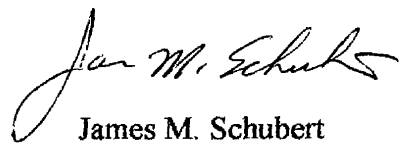
Please cancel my Pay Telephone Certificate No. 3033 (TE 597) immediately as we no longer operate this phone.

I am enclosing a copy of completed regulatory assessment fee return for 2001 and my check No. 1317 in the amount of \$118.00: \$3.00 is for 2000 penalty and interest, \$65.00 is for 2001 fee, penalty and interest and \$50.00 for 2002 fee. These fees were determined by Paula Isler.

I trust this is correct and concludes this matter.

*Check -  
CO. is paid in  
full thru 2002.  
Yol. canceled, by 7/16/02  
Thank,  
P*

Sincerely



James M. Schubert  
8145 South A-1-A  
Melbourne Beach,  
Florida 32951

(321) 409-0054

2002 JUL 16 AM 8:44  
DIVISION OF  
COMPETITIVE SERVICES

COMPANY IDENTIFICATION

Printed on 10/10/2002 at 11:21:18 by TJM

Complete Name: James M. Schubert

Mailing Name: James M. Schubert

Company Code: TE597 FEID Number: 65-0220907

COMPANY INFORMATION

Address Line 1: 8145 South A1A

Address Line 2:

City: Melbourne Beach State: FL Zip Code: 32951-3916

Reg. Date: 04/21/1992 Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 3033 Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count: 1

County 1: County 2:

County 3: County 4:

Bankruptcy: No

**COMPANY IDENTIFICATION**

Printed on 10/10/2002 at 11:23:28 by TJM

Complete Name: James M. Schubert

Mailing Name: James M. Schubert

Company Code: TE597                      FEID Number: 65-0220907

**RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002**

Reg. Date:	04/21/1992	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	No RAF Form		
Status:	Satisfied		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:	0.0015	Net RAF Due:	\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$0.00</b>

Last modification was made on Thursday, July 18, 2002 at 10:41 AM by Jackie Knight

# Pay Telephone Service Provider Regulatory Assessment Fee Return

2000, 2001, 2002 Pymt

STATUS: P. Isler  
CCA

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

TE597-01-0-R  
James M. Schubert  
4661 North Federal Highway  
Pompano Beach, FL 33064-6510  
DATE CC: P. Isler

FOR PSC USE ONLY	
Check#	1312
\$	100.00
\$	15.00
\$	3.00
Postmark Date	6/29/02
Initials of Preparer	MC

Actual Return  
Estimated Return  
Amended Return

PERIOD COVERED:  
01/01/2001 TO 12/31/2001

DEPOSIT DATE: JUL 12 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)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	0
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
8.	<b>TOTAL AMOUNT DUE</b>	\$ 65.00

DIVISION OF COMPETITIVE SERVICES

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

\* These amounts must be intrastate only and must be verifiable.

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.

James M. Schubert (Signature of Company Official) Owner (Title) 6/28/02 (Date)  
05 707 Telephone Number ( ) Fax Number ( )  
(Preparer of Form - Please Print Name) F.E.I. No.