

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS: Actual Return
 _____ Estimated Return
 _____ Amended Return

*P. Isler
CCA*

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

TG432-01-0-R
 Hitsu, Inc.
 643 Stockton Street
 Jacksonville, FL 32204-3046
 Docket # 020790-TC (P. Isler)

FOR PSC USE ONLY	
Check# <u>1027</u>	
\$ <u>50.00</u>	0603002
\$ <u>12.50</u>	003001
\$ <u>5.00</u>	P 0603002
	004011
Postmark Date <u>11/13/02</u>	
Initials of Preparer <u>MC</u>	

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

DEPOSIT DATE

1272 NOV 15 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)	\$ <u>4195.45</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(3500.00) App.</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>695.45</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>5.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>67.50</u>

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

Number of pay telephones in operation at close of period covered 5
 by this Return

*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.

Hitesh Patel (Signature of Company Official) owner (Title) Nov 4 2002 (Date)
HITESH PATEL (Preparer of Form - Please Print Name)
 Telephone Number (904) 384 4661 Fax Number (904) 384 4661
 F.E.I. No. 59 3213987 CALL FIRST

12514 NOV 15 02

FPSC-COMMISSION CLERK