

WEB-stations

Division of Regulatory Oversight
Certification Committee

December 4, 2002

021220-TC

Our company, Web-Stations Corporation is introducing a new paten pending product to the market economy that will serve the needs of many people that visit our state from all over the world, " The Tourists " as well as individuals that live and conduct there business in Florida.

Our product is an internet access kiosk. Enclosed you will find a brief description and photo of the kiosk unit for your review.

Individuals that need to read and send there email or just research information simply insert a 1 dollar or 5 dollar bill into the kiosk (depending on the amount of time they want to use the kiosk for) and the kiosk turns on the mouse and keyboard for the person to use it like a regular computer. (EXAMPLE: 1 dollar = 10 minutes of time to use the kiosk)

We are marketing these kiosks to the HOTEL industry as well as coffee shops and other establishments.

We are asking for your help in expediting our certification in your upcoming early January 2003 meeting so that we may benefit from the tourist season which is already upon us.

We are ready to install 45 units in various locations throughout the central west coast of Florida (Clearwater Beach, St. Petersburg Beach, etc...). We are needing your help to expedite the certification process, so that our kiosk units can dial out to the internet with the phone lines that Verizon Florida Inc will be installing for us.

Our projections show our company employing sales people and service technicians throughout the state of Florida within 2 to 3 years. By duplicating the same process in other parts of the state (ORLANDO, Miami, Ft. Lauderdale, Daytona, etc...).

Thank You for your time and consideration, your help will be greatly appreciated.

Steve Savvas
Vice President
Web-Stations Corporation

DOCUMENT NUMBER - DATE
13417 DEC-92
FPSC-COMMISSION CLERK

WEB-stations®



Approximate dimensions:

18.5" high (x) 19" deep (x) 24.5" wide
(Optional table stand available)

- 1) We are not selling these units, we are looking to place them in marketable locations. With a percentage of the income to you.
- 2) Provides a vital necessity for your guests in todays e-commerce world that we all live in. AT "ZERO" COST TO YOU.
- 3) Guaranteed to increase traffic to your establishment.
- 4) The ability to advertise your establishment's activities and services you offer to your guests.

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 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**

1. Name of company or name of individual (not fictitious name or d/b/a):
Web-Stations Corporation

2. Name under which applicant will do business (fictitious name, etc.):
Web-Stations Corporation

3. Official mailing address:
Street: 716 Wesley Ave Suite # 14
P.O. Box: _____
City: Tarpon Springs
State: Florida Zip: 34689

4. Florida address:
Street: SAME AS ABOVE
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: PO2000051785

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:** N/A

8. F.E.I. Number (if applicable): 03-0457205

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

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)

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: Steve Savvas
Title: Vice President
Address: 716 Wesley Ave Suite #14
City/State/Zip: Tarpon Springs FL, 34689
Telephone No.: (727) 944-4735 Fax No.: (727) 942-0516
Internet E-Mail Address: webstations@aol.com
Internet Website Address: web-stations.com

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

Name: Steve Savvas
Title: Vice President
Address: 716 Wesley Ave Suite #14
City/State/Zip: Tarpon Springs FL, 34689
Telephone No.: (727) 944-4735 Fax No.: (727) 942-0516
Internet E-Mail Address: webstations@aol.com
Internet Website Address: web-stations.com

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: NONE

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.

INDIANA and ILLINOIS
(Kiosk units)

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

NONE

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

NONE

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

NONE

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) We are installing internet
access kiosks. which will be geared
to the tourists visiting our state from
all over the world. To help them access
there e-mail and respond to it.

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 120

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

() PERSONALLY

(X) FULL-TIME TECHNICIAN

() PART-TIME TECHNICIAN

() SERVICE/REPAIR/MAINTENANCE CONTRACT

() OTHER (Describe) We will have our own staff of technicians to service and maintain our Kiosk equipment.

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.

(X) Yes
() No Explain: We will only be installing these Kiosks for the purpose of connecting via the telephone lines installed for us by Verizon to access the internet with dial-up service. (Not payphones)

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 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.

(X) Yes
() No Explain: Because these Kiosks are not actual pay-phones, they are computers connecting to the internet.

****APPLICANT FEE/TAX STATEMENT****

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the 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 the 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 \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

<u>Steve Savvas</u>	<u>Steve Savvas</u>
Print Name	Signature
<u>Vice President</u>	<u>12-4-02</u>
Title	Date
<u>(727) 944-4735</u>	<u>(727) 942-0516</u>
Telephone No.	Fax No.
Address: <u>716 Wesley Ave</u>	
<u>Suite # 14</u>	
<u>Tarpon Springs FL 34689</u>	
<u>(Web-stations Corporation)</u>	

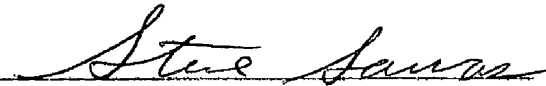
****ACKNOWLEDGMENT****

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 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:

<u>Steve Savvas</u> Print Name	<u></u> Signature
<u>Vice President</u> Title	<u>12-4-02</u> Date
<u>(727) 944-4735</u> Telephone No.	<u>(727) 942-0516</u> Fax No.
Address:	<u>Web-Stations Corporation</u>
	<u>716 Wesley Ave</u>
	<u>Suite # 14</u>
	<u>Tarpon Springs FL 34689</u>

****APPLICANT ACKNOWLEDGMENT****

Applicant: Web-stations Corporation

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

<u>Steve Savvas</u>	<u>Steve Savvas</u>
Print Name	Signature
<u>Vice President</u>	<u>12-4-02</u>
Title	Date
<u>(727) 944-4735</u>	<u>(727) 942-0516</u>
Telephone No.	Fax No.

Address: Web-stations Corporation
716 Wesley Ave
Suite # 14
Tarpon Springs FL 34689

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.