

030046-7C

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler
VCCA*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
09/20/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG917-02-0-R
 Violet Davis
 4530 S.W. 46th Street
 Ocala, FL 34474-4353

DEPOSIT **DATE**
D288 **JAN 13 2003**

FOR PSC USE ONLY	
Check#	<u>119</u>
\$	<u>50.00</u>
	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	<u>1/9/03</u>
Initials of Preparer	<u>MC</u>

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>0</u>
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (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.	TOTAL AMOUNT DUE	\$ <u>0</u>

ORIGINAL

- AUS _____
- CAF _____
- CMP Isler
- COM _____
- CTR _____
- ECF _____
- GOL _____
- OPC _____
- MMS _____
- SEC 1
- OTH Alvarez

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.

Violet Davis
 (Signature of Company Official)
Violet Davis
 (Preparer of Form - Please Print Name)

 (Title) 1-7-03
 (Date)
 Telephone Number 354 237-1551 Fax Number ()

FBI No _____

DOCUMENT NUMBER-DATE
00342 JAN 10 8
 FPSC-COMMISSION CLERK

4530 SW 46th Street
Ocala, Fl 34474
January 7, 2003

Fla Public Serv Commission
2540 Shumard Oak Blvd
Tallahassee, Fl 32399-0876

Att: Fisscal

Re: TG917-02-0-R

Gentlemen:

I called your office over two months ago, to say that I could not continue in the telephone business as I have developed a slight heart condition and have been forbidden by my Doctor to continue. I was told that the file would be closed.

I called again today to find out why I was sent a report to be completed. I explained that I had called and thought the matter had been closed. I was then advised to write you - which I am doing.

Enclosed is the report. I have no telephones. I could not get anyone to take them off my hands at any cost. Someone finally did take them - for free.

I hope that this explanation will suffice. If there is anything more I need to furnish, please let me know.

Very truly yours



(Mrs) Violet Davis

P.S. Enclosed is \$50 annl fee? Fee
for what?

03 JAN 10 AM 9:07
DISTRIBUTION CENTER