

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler*  
*VECA*

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

TE892-02-0-R **030078-TC**  
 Pompano Beach Elks Lodge #1898  
 700 N.E. 10th Street  
 Pompano Beach, FL 33060-5794

DATE cc: *P. Isler* **030000-PL**

FOR PSC USE ONLY

Check# 16457

\$ 50.00 0603002  
003001

\$ \_\_\_\_\_ P 0603002  
004011

\$ \_\_\_\_\_

Postmark Date 1/16/03

Initials of Preparer RIC

PERIOD COVERED:

01/01/2002 TO 12/31/2002

DEPOSIT

DATE cc: *P. Isler*

**030000-PL**

**D2 920**

**JAN 23 2003**

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>0.00</u>
2.	Gross Intrastate Revenue	<u>0.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>( 0.00 )</u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>0.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0.00</u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>0.00</u>

- US
- CAF
- CMP
- COM
- STR
- ECR
- SOL
- 9, 90
- AMS
- 90

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

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

*DISCARDED TELEPHONE LAST YEAR.*  
*USE only SO. Bell regular telephones*

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.

*Robert W. Davey* (Signature of Company Official) *Secretary* (Title) 12-16-02 (Date)

ROBERT W. DAVEY (Preparer of Form - Please Print Name) Telephone Number 954 781-2300 Fax Number \_\_\_\_\_

FIL No \_\_\_\_\_

DOCUMENT FILED

*C. Powell* *1/20/03* **00707 JAN 23 8**  
PSC-007 JAN CLERK



*Pompano Beach Lodge No. 1898*

BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
Telephone: (954) 781-2300 - Facsimile: (954) 781-7669  
700 N.E. 10th Street  
Pompano Beach, Florida 33060-5794


January 13, 2003

Paula Isler  
State of Florida Public Service Commission  
Capital Circle Office Center  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Dear Ms. Isler,

Please consider this letter a request for a voluntary cancellation of our regulatory assessment. Our fees are up to date.

Sincerely,

  
Robert Davey, Secretary

2003 JAN 21 11:19:28  
COMMUNICATIONS SERVICES