

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
PCA*

Florida Public Service Commission

(See Filing Instructions on Back Form)

TG817-02-0-R
 Dan Polk and Tami Polk *030082*
 1511 Tatum Blvd.
 New Smyrna Beach, FL 32168-9555
 DATE: *P. Isler*

FOR PSC USE ONLY
 Check# *5150*
 \$ *50.00* 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____
 Postmark Date *1/24/03 No. 101*
 Initials of Preparer *MC*

PERIOD COVERED:

01/01/2002 TO 12/31/2002

DEPOSIT

D2 94

JAN 28 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)	\$ 0
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	\$ 50.00

ORIGINAL

AUS
 CAF
 CMP
 CCM
 CTR
 ECR
 GOL
 CPC
 MMS
 SEC
 OTH

RECEIVED
 JAN 27
 PH 4:15
 PSC

COMMISSION CLERK

*Due By Jan 30
12-31-02*

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 ()

*Please cancel my Certificate.
 COMPANY CLOSED Tami Polk*

* 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.

Tami Polk (Signature of Company Official) _____ (Title) _____ (Date) *12/16/2002*

Tami Polk (Preparer of Form - Please Print Name) _____ Telephone Number *(386) 409 1127* Fax Number () _____

F.E.I. No. _____

DOCUMENT NUMBER DATE
00849 JAN 27 03
 FPSC-COMMISSION CLERK

C. Paula Isler