

Alternative Local Exchange Company Regulatory Assessment Fee Return

BUSINESS CLOSED

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. J. Stabler
CEA*

PERIOD COVERED:

01/01/2002 TO 12/31/2002

TX076-02-0-R
 ATS
 5849 Okeechobee Blvd., Suite 201
 West Palm Beach, FL 33417-4352
DEPOSIT DATE
D300* FEB 03 2003 030000-Pu

ORIGINAL

FOR PSC USE ONLY

Check# 2740

\$ 50.00 0603006
 003001

\$ _____ P
 0603006
 004011

\$ _____

Postmark Date 1/27/03

Initials of Preparer MS

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>84050.53</u>	\$ <u>84050.53</u>
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>84050.53</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	<u>68897.59</u>
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	<u>15152.94</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	<u>22.73</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	\$ <u>50.00</u>

- * These amounts must be intrastate only and must be verifiable.
- ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- QTH _____

CURRENT COMPANY STATUS

Reseller
 Other: OUT OF BUSINESS 7/31/02

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) NO
 If YES, who do you lease these facilities from? Name _____

Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Jerald Stabler (Signature of Company Official) President (Title) 1/28/03 (Date)

Telephone Number 561-471-1864 Fax Number 561-690-1720

F.E.I. No 59-2659610

DOCUMENT NUMBER 01037 FEB-03 PSC-001111-CLERK