TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

Pay Telephone Service Provider Regulatory Assessment Fee Return

P. Isler
CCA

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

STATUS:

_____ Actual Return
_____ Estimated Return
_____ Amended Return

PERIOD COVERED:
01/01/2002 TO 12/31/2002

TE921-02-0-R
Sam's B Enterprises
410 Loch Devon Drive
Lutz, FL 33549-4200

DEPOSIT   DATE
D 3 08   FEB 1 5 2003

CC: P. Isler   030297-TC

Please Complete Below If Official Mailing Address Has Changed

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

ORIGINAL

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	$_____
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**	$_____

(handwritten: Sold Business)

(stamp column: AUS, CAF, CMP, COM, CTR, ECR, GCL, OPC, MMS, SEC, OTH)

AS PROVIDED IN SECTION 364.536 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   _____

* 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.

Salvatore Belfiore	Owner	1-31-03
(Signature of Company Official)	(Title)	(Date)

_____	Telephone Number (___) ___	Fax Number (___) ___
(Preparer of Form - Please Print Name)	F.E.I. No. _____	

C: Paula Isler

DOCUMENT NUMBER-DATE
01477 FEB 13 8

FPSC-COMMISSION CLERK

PSC/CMU-26 (Rev. 11/11/99)