

NOWALSKY, BRONSTON & GOTHARD ORIGINAL

A Professional Limited Liability Company
Attorneys at Law

Leon L. Nowalsky
Benjamin W. Bronston
Edward P. Gothard

3500 North Causeway Boulevard
Suite 1442
Metairie, Louisiana 70002
Telephone: (504) 832-1984
Facsimile: (504) 831-0892

Monica Borne Haab
EllenAnn G. Sands
Bruce C. Betzer
Philip R. Adams, Jr.

March 7, 2003

Via Overnight Delivery

Florida Public Service Commission
Division of Records Reporting
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

030240-TI

RE: **Telrite Corporation d/b/a DT USA d/b/a TC**


Dear Sirs:

Enclosed please find an original and six (6) copies of Application Form for authority to provide interexchange telecommunications service within the State of Florida, submitted on behalf of Telrite Corporation. Also enclosed is the requisite \$250.00 filing fee.

Please acknowledge receipt of this filing by returning a date stamped copy of this letter in the self-addressed envelope provided.

Thank you for your assistance. Please call with any questions.

Sincerely,





Monica Borne Haab

Enclosure

cc: Darryl Davis, Telrite Corp.

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:


RECEIVED & FILED

FPSC-BUREAU OF RECORDS

03 MAR 10 AM 9:50
DISTRIBUTION CENTER
02372 MAR 10 8
FPSC-COMMISSION CLERK

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

ORIGINAL

Application Form for Authority to Provide
Interexchange Telecommunications Service
Between Points Within the State of Florida

Instructions

- ◆ This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 16).
- ◆ Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another company.

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

1. This is an application for (check one):
- Original certificate** (new company).
 - Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
 - Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
 - Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Telrite Corporation

3. Name under which applicant will do business (fictitious name, etc.):

DT USA

4. Official mailing address (including street name & number, post office box, city, state, zip code):

Telrite Corporation

2120 Corporate Square Blvd., Suite 25

Jacksonville, FL 32216

5. Florida address (including street name & number, post office box, city, state, zip code):

Same as above.

6. Select type of business your company will be conducting (check all that apply):

- Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

- () **Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- (x) **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- () **Switchless Rebill** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- () **Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- () **Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|---------------------------|-------------------------|
| () Individual | () Corporation |
| (x) Foreign Corporation | () Foreign Partnership |
| () General Partnership | () Limited Partnership |
| () Other _____ | |

8. **If individual**, provide:

Name: _____
Title: _____
Address: _____
City/State/Zip: _____

Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

9. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

10. **If foreign corporation**, provide proof of authority to operate in Florida:
Certificate of Authority attached as Exhibit A.

(a) **The Florida Secretary of State Corporate Registration number:**
_____ F02000003218 (Georgia Corporation)

11. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) **The Florida Secretary of State fictitious name registration number:**
Applied for. _____

12. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** _____

13. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** _____

15. Provide **F.E.I. Number** (if applicable): 59-3631460

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
(X) Yes () No

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

Bills will be mailed in paper form with information provided.

17. Who will receive the bills for your service?

- Residential Customers Business Customers
 PATs providers PATs station end-users
 Hotels & motels Hotel & motel guests
 Universities Universities dormitory residents
 Other: (specify) _____

18. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Monica Borne Haab

Title: Attorney - Nowalsky, Bronston & Gothard

Address: 3500 N. Causeway Blvd., Suite 1442

City/State/Zip: Metairie, Louisiana 70002

Telephone No.: (504) 832-1984 **Fax No.:** (504) 831-0892 ..

Internet E-Mail Address: mhaab@nbglaw.com

Internet Website Address: nbglaw.com

(b) Official point of contact for the ongoing operations of the company:

Name: Darryl E. Davis

Title: Chief Executive Officer

Address: 2120 Corporate Square Blvd., Suite 25

City/State/Zip: Jacksonville, FL 32216

Telephone No.: (904) 725-7483 Fax No.: (904) 725-7838

Internet E-Mail Address: darryl@telrite.com

Internet Website Address: telrite.com

(c) Complaints/Inquiries from customers:

Name: Darryl E. Davis

Title: CEO

Address: 2120 Corporate Square Blvd., Suite 25

City/State/Zip: Jacksonville, FL 32216

Telephone No.: (904) 725-7483 Fax No.: (904) 725-7838

Internet E-Mail Address: darryl@telrite.com

Internet Website Address: telrite.com

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

Maine

(b) has applications pending to be certificated as an interexchange telecommunications company.

None

(c) is certificated to operate as an interexchange telecommunications company.

Maine

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

None.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None.

20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

None.

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No.

21. The applicant will provide the following interexchange carrier services (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

_____ Method of access is FGA
_____ Method of access is FGB
_____ Method of access is FGD
_____ Method of access is 800

b. _____ **MTS with route specific rates per minute**

_____ Method of access is FGA
_____ Method of access is FGB
_____ Method of access is FGD
_____ Method of access is 800

c. X _____ **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

d. **MTS for pay telephone service providers**

e. **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. **800 service (toll free)**

g. **WATS type service (bulk or volume discount)**

- Method of access is via dedicated facilities
- Method of access is via switched facilities

h. **Private line services (Channel Services)**
(For ex. 1.544 mbs., DS-3, etc.)

I. **Travel service**

- Method of access is 950
- Method of access is 800

j. **900 service**

k. **Operator services**

- Available to presubscribed customers
- Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).
- Available to inmates

1. **Services included are:**

- _____ Station assistance
- _____ Person-to-person assistance
- _____ Directory assistance
- _____ Operator verify and interrupt
- _____ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

Tariff attached as Exhibit B.

23. Submit the following:

A. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

Attached as Exhibit C.

B. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

Attached as part of Exhibit C.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements attached as Exhibit D. The Company does not have audited statements available.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

All statements contained in Exhibit E.

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

THIS PAGE MUST BE COMPLETED AND SIGNED
CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- () The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.
- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

Darryl E. Davis
Print Name


Signature

CEO
Title

3/5/03
Date

(904) 725-7483
Telephone No.

(904) 725-7838
Fax No.

Address: 2120 Corporate Square Blvd., Suite 25
Jacksonville, FL 32216

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT


By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide interexchange telecommunications service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Darryl E. Davis

Print Name



Signature

CEO

Title

3/5/03

Date

(904) 725-7483

Telephone No.

(904) 725-7838

Fax No.

Address: 2120 Corporate Square Blvd., Suite 25

Jacksonville, FL 32216

CURRENT FLORIDA INTRASTATE SERVICES

Applicant **has** () or **has not** (x) previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

Darryl E. Davis
Print Name


Signature

CEO
Title

3/5/03
Date

(904) 725-7483
Telephone No.

(904) 725-7838
Fax No.

Address: 2120 Corporate Square Blvd., Suite 25
Jacksonville, FL 32216

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of
_____ (Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Print Name

Signature

Title

Date

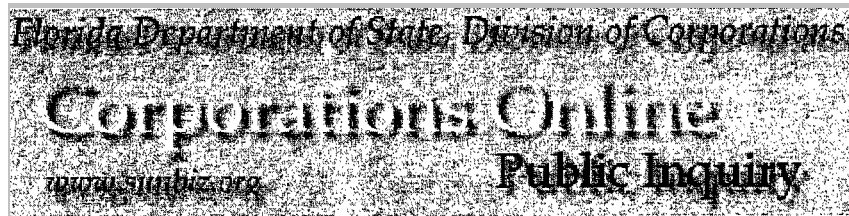
Telephone No.

Fax No.

Address: _____

EXHIBIT A

CERTIFICATE OF AUTHORITY



Foreign Profit

TELRITE CORPORATION

PRINCIPAL ADDRESS
 2120 CORPORATE SQUARE BLVD., SUITE 25
 JACKSONVILLE FL 32216

MAILING ADDRESS
 2120 CORPORATE SQUARE BLVD., SUITE 25
 JACKSONVILLE FL 32216

Document Number F02000003218	FEI Number 593631460	Date Filed 06/24/2002
State GA	Status ACTIVE	Effective Date NONE

Registered Agent

Name & Address
DAVIS, DARRYL 2120 CORPORATE SQUARE BLVD., SUITE 25 JACKSONVILLE FL 32216

Officer/Director Detail

Name & Address	Title
DAVIS, DARRYL 2120 CORPORATE SQUARE BLVD., SUITE 25 JACKSONVILLE FL 32216	P
MCFARLAND, REGGIE 407 HIGHWAY 229 SOCIAL CIRCLE GA 30025	ST

Annual Reports

Report Year	Filed Date	Intangible Tax
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[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

06/24/2002 -- Foreign Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. DTUSA
Fictitious Name to be Registered

2. 2120 CORPORATE SQUARE BLVD., #25
Mailing Address of Business
JACKSONVILLE, FL 32216
City State Zip Code

3. Florida County of principal place of business: _____

4. FEI Number: 59-3631460

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____ - _____ - _____ (optional)	2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____ - _____ - _____ (optional)
---	---

B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary):

1. <u>Telrite Corporation</u> Entity Name <u>2120 Corporate Square Blvd., Ste. 25</u> Address <u>Jacksonville, Florida 32216</u> City State Zip Code Florida Registration Number _____ FEI Number: <u>59-3631460</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
---	---

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

_____ Signature of Owner Date Phone Number: <u>904-725-7483</u>	_____ Signature of Owner Date Phone Number: _____
---	---

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned registration number _____

_____ Signature of Owner Date	_____ Signature of Owner Date
----------------------------------	----------------------------------

Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30
Filing Fee: \$50

Instructions for Completing Application for Registration of Fictitious Name

Section 1:

Line 1: Enter the name as you wish it to be registered. A fictitious name may not contain the words "Corporation" or "Incorporated," or the abbreviations "Corp." or "Inc.," unless the person or business for which the name is registered is incorporated or has obtained a certificate of authority to transact business in this state pursuant to chapter 607 or chapter 617 Florida Statutes.

Line 2: Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. **DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1.** An address may be changed at any future date with no charge by simply writing the Division.

Line 3: Enter the name of the county in Florida where the principal place of business of the fictitious name is located. If there is more than one county, list all applicable counties or state "multiple".

Line 4: Enter the Federal Employer Identification (FEI) number if known or if applicable.

Section 2:

Part A: Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided. The social security number is not mandatory. Information provided on this application is a public record and, as such, will be made accessible to the public.

Part B: Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their registration number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.

Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.

Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.

Section 3:

Only one signature is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application. Since the Department indexes fictitious names on a central database available on the Internet, it is no longer required to advertise the intention to register a fictitious name.

Section 4:

TO CANCEL A REGISTRATION ON FILE: Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled.

TO CHANGE OWNERSHIP OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.

TO CHANGE THE NAME OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

An acknowledgement letter will be mailed once the fictitious name registration has been filed.

If you wish to receive a certificate of status and/or certified copy at the time of filing of this registration, check the appropriate box at the bottom of the form. **PLEASE NOTE:** Acknowledgements/certificates will be sent to the address in Section 1. If a certificate of status is requested, an additional \$10 is due. If a certified copy is requested, an additional \$30 is due.

The registration and re-registration will be in effect until December 31 of the fifth year.

Send completed application with appropriate fees to:

Fictitious Name Registration
PO Box 1300
Tallahassee, FL 32302-1300

Internet Address:
<http://www.sunbiz.org>

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. TC
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2. 2120 CORPORATE SQUARE BLVD., #25
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City State Zip Code

3. Florida County of principal place of business: _____

4. FEI Number: 59-3631460

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A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____ - _____ - _____ (optional)	2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____ - _____ - _____ (optional)
---	---

B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary):

1. <u>Telrite Corporation</u> Entity Name <u>2120 Corporate Square Blvd., Ste. 25</u> Address <u>Jacksonville, Florida 32216</u> City State Zip Code Florida Registration Number _____ FEI Number: <u>59-3631460</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Section 3

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_____ Signature of Owner Date Phone Number: <u>904-725-7483</u>	_____ Signature of Owner Date Phone Number: _____
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Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30
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Line 2: Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. **DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1.** An address may be changed at any future date with no charge by simply writing the Division.

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Line 4: Enter the Federal Employer Identification (FEI) number if known or if applicable.

Section 2: **Part A:** Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided. The social security number is not mandatory. Information provided on this application is a public record and, as such, will be made accessible to the public.

Part B: Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their registration number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.

Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.

Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.

Section 3: Only one signature is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application. Since the Department indexes fictitious names on a central database available on the Internet, it is no longer required to advertise the intention to register a fictitious name.

Section 4: **TO CANCEL A REGISTRATION ON FILE:** Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled.

TO CHANGE OWNERSHIP OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.

TO CHANGE THE NAME OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

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Internet Address:
<http://www.sunbiz.org>

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.

EXHIBIT B

PROPOSED TARIFF

TITLE SHEET

FLORIDA TELECOMMUNICATIONS TARIFF

This tariff contains the descriptions, regulations, and rates applicable to the furnishing of service and facilities for telecommunications services provided by Telrite Corporation with principal offices at 2120 Corporate Square Blvd., Suite 25, Jacksonville, FL 32216. This tariff applies for services furnished within the state of Florida. This tariff is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

ISSUED: March 7, 2003

EFFECTIVE:

By:

Darryl Davis, CEO
2120 Corporate Square Blvd., Suite 25
Jacksonville, Florida 32216

CHECK SHEET

The sheets listed below, which are inclusive of this tariff, are effective as of the date shown at the bottom of the respective sheet(s). Original and revised sheets as named below comprise all changes from the original tariff and are currently in effect as of the date of the bottom of this page.

SHEET	REVISION
1	Original
2	Original
3	Original
4	Original
5	Original
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original
13	Original
14	Original
15	Original
16	Original
17	Original

ISSUED: March 7, 2003

EFFECTIVE:

By:

Darryl Davis, CEO
2120 Corporate Square Blvd., Suite 25
Jacksonville, Florida 32216

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SYMBOLS SHEET

The following are the only symbols used for the purposes indicated below:

D - Delete Or Discontinue

I - Change Resulting In An Increase to A Customer's Bill

M - Moved From Another Tariff Location

N - New

R - Change Resulting In A Reduction To A Customer's Bill

T - Change in Text Or Regulation But No Change In Rate Or Charge

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Jacksonville, Florida 32216

TARIFF FORMAT SHEETS

A. Sheet Numbering - Sheet numbers appear in the upper right corner of the page. Sheets are numbered sequentially. However, new sheets are occasionally added to the tariff. When a new sheet is added between sheets already in effect, a decimal is added. For example, a new sheet added between sheets 14 and 15 would be 14.1.

B. Sheet Revision Numbers - Revision numbers also appear in the upper right corner of each page. These numbers are used to determine the most current sheet version on file with the FPSC. For example, the 4th revised Sheet 14 cancels the 3rd revised Sheet 14. Because of various suspension periods, deferrals, etc, the FPSC follows in their tariff approval process, the most current sheet number on file with the Commission is not always the tariff page in effect. Consult the Check Sheet for the sheet currently in effect.

C. Paragraph Numbering Sequence - There are various levels of paragraph coding. Each level of coding is subservient to its next higher level:

- 2.
- 2.1.
- 2.1.1.
- 2.1.1.A.
- 2.1.1.A.1.
- 2.1.1.A.1.(a).

D. Check Sheets - When a tariff filing is made with the FPSC, an updated check sheet accompanies the tariff filing. The check sheet lists the sheets contained in the tariff, with a cross reference to the current revision number. When new pages are added, the check sheet is changed to reflect the revision. All revisions made in a given filing are designated by an asterisk (*). There will be no other symbols used on this page if these are the only changes made to it (i.e., the format, etc. remains the same, just revised revision levels on some pages). The tariff user should refer to the latest check sheet to find out if a particular sheet is the most current on file with the FPSC.

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2120 Corporate Square Blvd., Suite 25
Jacksonville, Florida 32216

SECTION 1 - TECHNICAL TERMS AND ABBREVIATIONS

Access Line - An arrangement which connects the customer's location to the Company's network switching center.

Authorization Code - A numerical code, one or more of which are available to a customer to enable him/her to access the carrier, and which are used by the carrier both to prevent unauthorized access to its facilities and to identify the customer for billing purposes.

Company or Carrier - Telrite Corporation

Customer - the person, firm, corporation or other entity which orders service and is responsible for payment of charges due and compliance with the Company's tariff regulations.

Day - From 8:00 AM up to but not including 5:00 PM local time Monday through Friday.

Evening - From 5:00 PM up to but not including 11:00 PM local time Sunday through Friday.

Holidays - The Company's recognized holidays are New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day.

Night/Weekend - From 11:00 PM up to but not including 8:00 AM Sunday through Friday, and 8:00 AM Saturday up to but not including 5:00 PM Sunday.

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SECTION 2 - RULES AND REGULATIONS

2.1 **Undertaking of the Company.**

The Company's services and facilities are furnished for communications originating at specified points within the state of Florida under terms of this tariff.

The Company installs, operates, and maintains the communications services provided herein in accordance with the terms and conditions set forth under this tariff. It may act as the customer's agent for ordering access connection facilities provided by other carriers or entities when authorized by the customer, to allow connection of a customer's location to the Company's network. The customer shall be responsible for all charges due for such service arrangement.

The Company's services and facilities are provided on a monthly basis unless ordered on a longer term basis, and are available twenty-four hours per day, seven days per week.

The selling of IXC telecommunication service to uncertificated IXC resellers is prohibited.

2.2 **Limitations.**

2.2.1 Service is offered subject to the availability of facilities and provisions of this tariff.

2.2.2 The Company reserves the right to discontinue furnishing service, or limit the use of service necessitated by conditions beyond its control: or when the customer is using service in violation of the law or the provisions of this tariff.

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Darryl Davis, CEO
2120 Corporate Square Blvd., Suite 25
Jacksonville, Florida 32216

SECTION 2 - RULES AND REGULATIONS continued

2.2 Limitations (Cont.)

- 2.2.3 All facilities provided under this tariff are directly controlled by the Company and the customer may not transfer or assign the use of service or facilities, except with the express written consent of the Company. Such transfer or assignment shall only apply where there is no interruption of the use or location of the service or facilities.
- 2.2.4 Prior written permission from the Company is required before any assignment or transfer. All regulations and conditions contained in this tariff shall apply to all such permitted assignees or transferees, as well as all conditions for service.
- 2.2.5 Customers reselling or rebilling services must have a Certificate of Public Convenience and Necessity as an interexchange carrier for the Florida Public Service Commission.

2.3 Liabilities of the Company.

- 2.3.1 The Company's liability arising out of mistakes, interruptions, omissions, delays, errors, or defects in the transmission occurring in the course of furnishing service or facilities, and not caused by the negligence of its employees or its agents, in no event shall exceed an amount equivalent to the proportionate charge to the customer for the period during which the aforementioned faults in transmission occur, unless ordered by the Commission.
- 2.3.2 The Company shall be indemnified and held harmless by the customer against:
- (A) Claims for libel, slander, or infringement of copyright arising out of the material, data, information, or other content transmitted over the Company's facilities.
 - (B) All other claims arising out of any act or omission of the customer in connection with any service or facility provided by the Company.

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SECTION 2 - RULES AND REGULATIONS continued

2.4 Interruption of Service.

- 2.4.1 Credit allowance for the interruption of service which is not due to The Company's testing or adjusting, negligence of the customer, or to the failure of channels or equipment provided by the customer, are subject to the general liability provisions set forth in 2.3.1 herein. It shall be the customer's obligation to notify the Company immediately of any service interruption for which a credit allowance is desired. Before giving such notice, the customer shall ascertain that the trouble is not being caused by any action or omission by the customer within his control, if any, furnished by the customer and connected to the Company's facilities. No refund or credit will be made for the time that the Company stands ready to repair the service and the subscriber does not provide access to the Company for such restoration work.
- 2.4.2 No credit shall be allowed for an interruption of a continuous duration of less than twenty-four hours after the subscriber notifies the Company.
- 2.4.3 The customer shall be credited for an interruption of more than twenty-four hours as follows:

Credit Formula:

Credit = A/B x C

"A" - outage time in hours

"B" - total hours in month (720 hours)

"C" - total monthly charge for affected facility

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SECTION 2 - RULES AND REGULATIONS continued

2.5 Disconnection of Service by Carrier.

The Company, upon five (5) working days written notice to the customer, may discontinue service or cancel an application for service without incurring any liability for any of the following reasons:

- 2.5.1 Non-payment of any sum due to carrier for regulated service for more than thirty days beyond the date of rendition of the bill for such service.
- 2.5.2 A violation of any regulation governing the service under this tariff.
- 2.5.3 A violation of any law, rule, or regulation of any government authority having jurisdiction over such service.
- 2.5.4 The company has given the customer notice and has allowed a reasonable time to comply with any rule, or remedy, and deficiency as stated in Rule 25-4.113, F.A.C., Refusal or Discontinuance of Service by Company.

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SECTION 2 - RULES AND REGULATIONS continued

2.6 **Deposits**

The Company does not require a deposit from the customer.

2.7 **Advance Payments**

For customers whom the Company feels an advance payment is necessary, the Company reserves the right to collect an amount not to exceed one (1) month's estimated charges as an advance payment for service. This will be applied against the next month's charges and if necessary a new advance payment will be collected for the next month.

2.8 **Taxes**

All state and local taxes (i.e., gross receipts tax, sales tax, municipal utilities tax) are listed as separate line items and are not included in the quoted rates.

2.9 **Billing of Calls**

All charges due by the subscriber are payable at any agency duly authorized to receive such payments. Any objection to billed charges should be promptly reported to the Company. Adjustments to customers' bills shall be made to the extent that records are available and/or circumstances exist which reasonably indicate that such charges are not in accordance with approved rates or that an adjustment may otherwise be appropriate.

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EFFECTIVE:

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SECTION 3 - DESCRIPTION OF SERVICE

3.1 **Timing of Calls**

3.1.1 **When Billing Charges Begin and End For Phone Calls**

The customer's long distance usage charge is based on the actual usage of the Company's network. Usage begins when the called party answers (i.e. when 2 way communication, often referred to as "conversation time" is possible.). When the called party answers is determined by hardware answer supervision in which the local telephone company sends a signal to the switch or the software utilizing audio tone detection. When software answer supervision is employed, up to 60 seconds of ringing is allowed before it is billed as usage of the network. A call is terminated when the calling or called party hangs up.

3.1.2 **Billing Increments**

The billing increments for each service is set forth in the individual product rate section.

3.1.3 **Per Call Billing Charges**

Billing will be rounded up to the nearest penny for each call.

3.1.4 **Uncompleted Calls**

There shall be no charges for uncompleted calls.

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SECTION 3 - DESCRIPTION OF SERVICE continued

3.2 **Calculation of Distance**

Usage charges for all mileage sensitive products are based on the airline distance between rate centers associated with the originating and terminating points of the call.

The airline mileage between rate centers is determined by applying the formula below to the vertical and horizontal coordinates associated with the rate centers involved. The Company uses the rate centers that are produced by Bell Communications Research in the NPA-NXX V & H Coordinates Tape and Bell's NECA Tariff No. 4.

FORMULA:

The square
root of:
$$\frac{(V1 - V2)^2 + (H1 - H2)^2}{10}$$

3.3 **Minimum Call Completion Rate**

A customer can expect a call completion rate (number of calls completed / number of calls attempted) of not less than 90% during peak use periods for all FG D services ("1+" dialing).

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SECTION 3 - DESCRIPTION OF SERVICE continued

3.4 Service Offerings

3.4.1 Outbound Long Distance Service

Long Distance service permits residential and business direct dialed outbound calling at a single per minute rate. Service is provided from presubscribed, dedicated or shared use access lines. Call billing increments may vary. (See Section 4.1.)

3.4.2 Inbound 8XX Long Distance Service

Inbound 8XX Long Distance Service permits residential and business inbound 8XX calling at a single per minute rate. Service is provided from presubscribed, dedicated or shared use access lines. Call billing increments may vary. (See Section 4.2.)

3.4.3 Travel Card Service

Travel Card Service is a calling card service offered to residential and business customers who subscribe to the Company's Long Distance Service calling plan. Customers using the Carrier's calling card service access the service by dialing a toll free number followed by an account identification number and the number being called. This service permits subscribers utilizing the Carrier's calling card to make calls at a single per minute rate.

Call billing increments may vary. (See Section 4.3.)

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Jacksonville, Florida 32216

SECTION 3 - DESCRIPTION OF SERVICE continued

3.4.4 Operator Services

The Company does not provide operator services at this time.

3.4.5 Directory Assistance

Listed telephone numbers will be provided to requesting customers at the per call charge set forth in Section 4. Customers may request up to 2 numbers per call.

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SECTION 4 - RATES

4.1 **Outbound Rates**

\$0.0750 per minute.

Billed in 6 second increments with an 18 second minimum.

4.2 **Inbound Rates**

Service subject to a \$2.95 service charge for monthly usage less than \$20.00.

Per minute rate: \$0.0750

Billed in 6 second increments with an 18 second minimum.

Monthly Service Charge: \$1.00 per toll free number.

4.3 **Travel Card Rates**

Cards are established with a \$50.00 monthly limit and international calling is not allowed. However, arrangements can be made to accommodate the need for a higher monthly limit or international calling on a case by case basis.

Rate Per Minute: \$0.0990

Billed in 6 second increments with a 30 second minimum.

Set up fee of \$1.00 per card.

The payphone surcharge stated in Section 4.9 will apply to calls placed to an 8XX number.

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SECTION 4 - RATES continued

4.4 **Directory Assistance**

\$0.85 per call. (Up to 2 requests per call.)

4.5 **Payment of Calls**

4.5.1 **Late Payment Charges**

Charges of 1.5% per month will be assessed on all unpaid balances more than thirty days old.

4.5.2 **Return Check Charges**

A return check charge of \$25.00 will be assessed for checks returned for insufficient funds if the face value does not exceed \$50.00, \$30.00 if the face value does exceed \$50.00 but does not exceed \$300.00, \$40.00 if the face value exceeds \$300.00 or 5% of the value of the check, which ever is greater.

4.6 **Special Promotions**

The company will, from time to time, offer special promotions to its customers waiving certain charges. These promotions will be approved by the FPSC with specific starting and ending dates and will be made part of this tariff.

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SECTION 4 - RATES continued

4.7 Special Rates For The Handicapped

4.7.1. Directory Assistance

There shall be no charge for up to fifty calls per billing cycle from lines or trunks serving individuals with disabilities. The Company shall charge the prevailing tariff rates for every call in excess of 50 within a billing cycle.

4.7.2. Hearing and Speech Impaired Persons

Intrastate toll message rates for TDD users shall be evening rates for daytime calls and night rates for evening and night calls.

4.7.3. Telecommunications Relay Service

For intrastate toll calls received from the relay service, the Company will when billing relay calls discount relay service calls by 50 percent off of the otherwise applicable rate for a voice nonrelay call except that where either the calling or called party indicates that either party is both hearing and visually impaired, the call shall be discounted 60 percent off of the otherwise applicable rate for a voice nonrelay call. The above discounts apply only to time-sensitive elements of a charge for the call and shall not apply to per call charges such as a credit card surcharge.

4.8 Pay Telephone (Payphone) Dial-Around Surcharge

A \$0.35 surcharge shall be assessed for each call made from a pay telephone to an 8XX number or using a travel card and dialing the carrier prefix in the form 101XXXX.

ISSUED: March 7, 2003

EFFECTIVE:

By:

Darryl Davis, CEO
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Jacksonville, Florida 32216

EXHIBIT C

MANAGEMENT PROFILES

Resume

Darryl E. Davis

Education

- 1994 MCI- switched & dedicated training
C&W- switched & dedicated training
- 1987-1988 Kaolin School of Aviation
Commercial Pilot - Airplane single and multi-engine instrument
Flight Instructor - Airplane single engine land
Airline Transport Pilot
- 1977-1979 South Georgia Vocational and Trade School
Degree in Electronics
- 1976-1977 Louisville High School
- 1973-1976 Brentwood High School

Career Experience

- 1994 to present Telrite: Sales, Customer Service, Agent Support, and Technical Support
- 1988-1994 Jet Food Stores of Ga.: Regional Director of Operations and Corporate Pilot.
- 1987-1988 Washington County Air Service: Pilot , Flight Instructor, mechanic
- 1986-1987 Swainsboro Financial services Inc.: Manager, Vice President
- 1985-1986 Anglo American Clay: Lab Technician
- 1980-1985 Jefferson County Finance Co.: Manager
- 1980-1985 Jefferson County Motor Co.: Sales manager
- 1977-1981 Barker and Associates: Land Survey, Laborer 3 years, Forman 1 year

EXHIBIT D

FINANCIAL DOCUMENTATION

The Company's unaudited financial statements are attached.

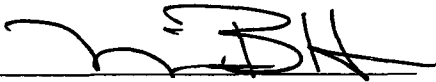
AFFIRMATION

I, Darryl E. Davis, CEO of Telrite Corporation do hereby acknowledge that the information set forth in the attached financial documentation is true and correct to the best of my knowledge and belief.



Darryl E. Davis, CEO
Telrite Corporation

Sworn to and subscribed before me
this 5th day of March 2003



Notary Public

MONICA BORNE HAAB
Notary Public, State of Louisiana
My Commission is for Life.

Telrite Corporation
Statement of Assets, liabilities, and
Shareholders' Equity - Income Tax Basis
As of 12/31/02

CURRENT ASSETS

Cash in Bank - Checking	156968.32	
Deposits on Hand	48000.00	
Due for Shareholders	24000.00	
TOTAL CURRENT ASSETS		\$228,968.32

PROPERTY AND EQUIPMENT

Equipment	87965.60	
Accumulated Depreciation	[14968.25]	
Office Furnishings	16588.00	
TOTAL PROPERTY AND EQUIP.		\$89,585.35

TOTAL ASSETS **\$318,553.67**

CURRENT LIABILITIES

LONG-TERM LIABILITIES

SHAREHOLDERS' EQUITY

Net Equity	\$318,553.67	
TOTAL SHAREHOLDERS' EQUITY		\$318,553.67

Telrite Corporation

Income Statement
December 31, 2002

INCOME

Gross Income	1983659
Miscellaneous Income	7500

TOTAL INCOME	1991159
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COST

Usage	1356891
Commission on Sales	326087
	1682978

TOTAL COST	1682978
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GROSS INCOME

308181

EXPENSES

Salaries and Wages	155698
Office Rent	9400
Office Utilities	1489
Professional Fees	30678
Independent Contractor	32697
Office supplies	560
Equipment Purchased	33600
Travel and Meals	4631
Postage/Shipping	1955
Insurance	6364

TOTAL EXPENSES	277072
-----------------------	---------------

NET INCOME

31109

EXHIBIT E

CAPABILITY STATEMENTS

1. The Applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served. This is evidenced by the Company's current bank account statement attached. (The Company has no audited financial statements.)
2. The Applicant will maintain the requested services from revenue generated from its ongoing operations. The Company is currently certified in Maine.
3. The Company has sufficient financial capability to meet any lease and ownership obligations.