

ORIGINAL

FLORALINO PROPERTIES, INC,

5147 MARINE PARKWAY - SUITE B
NEW PORT RICHEY, FL 34652

Phone (727) 843-0064
Fax (727) 846-7306

Director of Commission Clerk
and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32301-0870

030250-WU

Attn: Troy Rendell

Re: Application for a Staff Assisted Rate Case

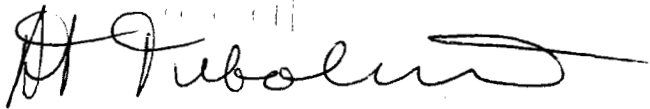
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FLORIDA PUBLIC SERVICE
COMMISSION
03 MAR 13 AM 9:50
DIVISION OF
ECONOMIC REGULATION

Dear Mr. Rendell,

I am enclosing the completed application for a staff assisted rate case (SARC) that you sent to me. If you have any questions please feel free to contact me at the number listed below.

Thank You for your time in this matter. I will be looking forward to completing the next steps in the process.

Sincerely,



Mr. Anthony Tubolino
Floralino Properties, Inc.
P.O. Box 5017
Largo, Florida 33779
(727) 843-0064

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FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Floralino Properties

B. Address P.O. Box 5017, Largo, FL 33779
5147 Marine Pky., New Port Richey, FL 34652

1. Telephone Nos. (727) 843-0064

2. County Pasco Nearest City New Port Richey

3. General area served Colonial Manor & Eastwood Estates

C. Authority:

1. Water Certificate No. WU075-01-AR Date Received _____

2. Wastewater Certificate No. _____ Date Received _____

3. Date utility started operations: Water 11/03/57 Wastewater _____

D. How system was acquired Built by developer

If utility was purchased, give date _____ Amount Paid _____

1. Name of Seller _____

2. Was seller affiliated with present owners? _____

3. Did you purchase: Stock _____ or assets only _____

E. Type of legal entity: Corporation, Partnership or Sole Proprietorship
Corporation

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1. <u>A. T. Tubolino</u>	<u>President</u>	<u>Joint Ownership</u>
2. <u>Phyllis tubolino</u>	<u>Sect/Treasuer</u>	<u>100%</u>
3. _____	_____	_____
4. _____	_____	_____

G. List of Associated Companies and Addresses:

1. None
2. _____
3. _____

H. If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the name(s) and address(es):

II. Accounting Data

A. Outside Accountant

1. Name Mr. Bob Nixon
2. Firm Crown, Jackson, Nixon & Hewitt
3. Address 2560 Gulf to Bay Blvd, Ste 200, Clearwater, Fl 33765
4. Telephone (727) 791-4020

B. Individual to contact on accounting matters:

1. Name Mr. A. T. Tubolino or Gloria McMaster
2. Telephone (727) 843-0064

C. Location of books and records 5147 Marine Pkw, New Port Richey, Fl 34652

D. Have you filed an Annual Report with the Commission? Year Ended Dec 31, 2001
Date Last Filed Year Ended December 31, 2001

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? Not for 2002

F. Basic Rate Base Data (Most recent two years)

1. Water	20__	20__
Cost of Plant In Service:	\$ <u>341,945.00</u>	\$ <u>WILL SUBMIT</u>
Less Accumulated Depreciation:	<u>277,625.00</u>	<u>WILL SUBMIT</u>
Less Contributed Plant:	<u>0</u>	_____
Net Owner's Investment:	\$ <u>64,320.00</u>	\$ <u>WILL SUBMIT</u>

2. Wastewater	20__	20__
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
New Owner's Investment:	\$ <u>_____</u>	\$ <u>_____</u>

G. Basic Income Statement (Most recent two years):

1. Water	20_01	20_02
Revenues (By Class):		
a. <u>Residential</u>	\$ <u>124,711.00</u>	\$ <u>WILL SUBMIT</u>
b. <u>Commerical</u>	<u>6,982.00</u>	<u>" "</u>
c. <u>Other/ late/service fee</u>	<u>5,071.00</u>	<u>" "</u>
Total Operating Revenues:	\$ <u>136,764.00</u>	\$ <u>" "</u>
Less Expenses:		
a. Salaries & Wages - Employees	<u>12,928.00</u>	<u>WILL SUBMIT</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>9,750.00</u>	<u>" "</u>
c. Employee Pensions & Benefits	<u>0</u>	<u>" "</u>
d. Purchased Water	<u>2,764.00</u>	<u>" "</u>
e. Purchased Power	<u>5,661.00</u>	<u>" "</u>
f. Fuel for Power Production	<u>0</u>	<u>_____</u>
g. Chemicals	<u>1,264.00</u>	<u>" "</u>
h. Materials & Supplies	<u>5,730.00</u>	<u>" "</u>
i. Contractual Services	<u>40,713.99</u>	<u>" "</u>
j. Rents	<u>2,350.00</u>	<u>" "</u>
k. Transportation Expenses	<u>4,197.00</u>	<u>" "</u>
l. Insurance Expense	<u>2,318.00</u>	<u>" "</u>
m. Regulatory Commission Expense	<u>0</u>	<u>_____</u>
n. Bad Debt Expense	<u>0</u>	<u>_____</u>
o. Miscellaneous Expense	<u>17,238.00</u>	<u>" "</u>
p. Depreciation Expense	<u>10,603.00</u>	<u>" "</u>
q. Property Taxes	<u>1,195.00</u>	<u>" "</u>
r. Other Taxes	<u>9,310.00</u>	<u>" "</u>
s. Income Taxes	<u>0</u>	<u>_____</u>
Operating Income (Loss)	\$ <u>10,932.00</u>	\$ <u>" "</u>

2. Wastewater 20__ 20__

Revenues (By Class):

a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ <u>_____</u>	\$ <u>_____</u>

Less Expenses:

a. Salaries & Wages - Employees	\$ _____	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Wastewater Treatment	_____	_____
e. Sludge Removal Expense	_____	_____
f. Purchased Power	_____	_____
g. Fuel for Power Production	_____	_____
h. Chemicals	_____	_____
i. Materials & Supplies	_____	_____
j. Contractual Services	_____	_____
k. Rents	_____	_____
l. Transportation Expenses	_____	_____
m. Insurance Expense	_____	_____
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	_____	_____
q. Depreciation Expense	_____	_____
r. Property Taxes	_____	_____
s. Other Taxes	_____	_____
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>_____</u>	\$ <u>_____</u>

H. Outstanding Debt:

<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1. <u>Ford Credit Plan</u>	<u>80/12/01</u>	<u>\$15,256.53</u>	<u>5%</u>	<u>2006</u>
2. <u>Phyllis Brande</u>	<u>01/01/97</u>	<u>5,491.79</u>	<u>10%</u>	<u>On Demand</u>
3. <u>Dippel</u>	<u>01/01/97</u>	<u>8,248.00</u>	<u>10%</u>	<u>On Demand</u>
4. <u>Visa</u>	<u>01/01/93</u>	<u>6,100.00</u>	<u>10%</u>	<u>On Demand</u>

I. Indicate Type of Tax Return Filed:

_____ Form 1120 - Corporation
XX Form 1120S - Subchapter S Corporation
 _____ Form 1065 - Partnership
 _____ Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name None
2. Firm System Built OUt
3. Address _____
4. Telephone ()

B. Individual to contact on engineering matters:

1. Name None
2. Telephone ()

C. Is the utility under citation by the Department of Environmental Protection (DEP) or county health department? If yes, explain.

No

D. List any known service deficiencies and steps taken to remedy problems.

E. Name of plant operator (s) and DEP operator certificate number (s) held Axurix
Douglas Pope #5502 (A); Gary Deremer #5894 (A); Ron Kramer #3851 (A)

F. Is the utility serving customers outside of its certificated area? No

If yes, explain _____

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing _____
under construction _____ proposed _____
2. Type and make of present treatment facilities _____

3. Approximate average daily flow of treatment plant effluent _____

4. Approximate length of wastewater mains:
Size (diameter) _____
Linear feet _____
5. Number of manholes _____
6. Number of liftstations _____
7. How do you measure treatment plant effluent? _____

8. Is the treatment plant effluent chlorinated? _____ If yes, what is the normal dosage rate? _____
9. Tap in fees - Wastewater \$ _____
10. Service availability fees - Wastewater \$ _____
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number _____
Expiration Date _____
12. Total gallons treated during most recent twelve months _____
13. Wastewater treatment purchased during most recent twelve months _____

H. Water

1. Gallons per day capacity of treatment facilities existing 1,500,000 under construction N/A proposed N/A
2. Type of treatment Chlorine
3. Approximate average daily flow of treated water 120,331
4. Source of water supply Wells
5. Types of chemicals used and their normal dosage rates Chlorine as required by law.
6. Number of wells in service 5 Total capacity in gallons per minute (gpm) _____

Diameter/Depth	<u>8 / 8</u>	<u>8 / 8</u>	<u>8 / 12</u>
Motor horsepower	<u>See Below</u>	_____	_____
Pump capacity (gpm)	<u>See Below</u>	_____	_____
7. Reservoirs and/or hydropneumatic tanks:

Description	<u>5</u>	<u>Hydropneumatic</u>
Capacity	<u>5000 Each</u>	_____
8. High service pumping:

Motor horsepower	<u>15</u>	<u>15</u>	<u>10</u>	<u>10</u>	<u>10</u>
Pump capacity (gpm)	<u>300</u>	<u>300</u>	<u>150</u>	<u>15</u>	<u>150</u>
9. How do you measure treatment plant production? Flow Meter
10. Approximate feet of water mains:

Size (diameter)	<u>2"</u>	<u>4"</u>	<u>6"</u>	<u> </u>
Linear feet	<u>12,340</u>	<u>9,380</u>	<u>5,710</u>	<u> </u>
11. Note any fire flow requirements and imposing government agency
None
12. Number of fire hydrants in service None

13. Do you have a meter change out program? Yea
14. Meter installation or tap in fees - Water \$ All Developed
15. Service availability fees - Water \$ All Developed
16. Has the existing treatment facility been approved by DEP? Yes
17. Total gallons pumped during most recent twelve months 46,868
18. Total gallons sold during most recent twelve months 43,319
19. Gallons unaccounted for during most recent twelve months 3,549
20. Gallons purchased during most recent twelve months None

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Mr. A. T. Tubolino
2. Telephone Number (727) 843-0064

B. Schedule of present rates (Attach additional sheets if more space is needed):

1. Water:

- a. Residential Water \$16.02 + 1.61 per m gal
- b. General Service 8.01 + 1.61 per m gal
- c. Special Contract _____
- d. Other _____

2. Wastewater:

- a. Residential Wastewater _____
- b. General Service _____
- c. Special Contract _____
- d. Other _____

C. Number of Customers (Most recent two years):

- | | | |
|---------------------|--------------|--------------|
| 1. Water Metered | 20 <u>01</u> | 20 <u>02</u> |
| a. Residential | <u>701</u> | _____ |
| b. General Service | <u>7</u> | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |
| 2. Water Unmetered | 20 <u>__</u> | 20 <u>__</u> |
| a. Residential | _____ | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

3. Wastewater


20__

20__

- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

V. Affirmation

I, A. T. Tubolino the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge and belief.

Signed 
 Title Pres -

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.