

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*P. Isler  
CCA*

**ORIGINAL**  
Florida Public Services Commission  
(See Filing Instructions on Back of Form)

TG770-02-0-R	<b>DEPOSIT DATE</b>
Siesta Bar/Grill, Inc.	D 357 JUN 17 2003
5250 Ocean Blvd.	
Sarasota, FL 34242-3309	
CC: P. Isler	

FOR PSC USE ONLY	
Check# <u>17617</u>	
\$ <u>50.50</u>	0603002
\$ <u>12.50</u>	003001
\$ <u>2.50</u>	0603002
	004011
Postmark Date <u>6/11/03</u>	
Initials of Preparer <u>ME</u>	

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)	\$ <u>1,200</u>
2.	Gross Intrastate Revenue	\$ <u>1,200</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>          </u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>1,200</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3.00</u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>65.50</u>

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

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 1

\* 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.

R - A M  
(Signature of Company Official)

GUY PETRAMAIR  
(Preparer of Form - Please Print Name)

V.P. Operations 6/11/03  
(Title) (Date)

Telephone Number (941) 346-1664 Fax Number (941) 346-3170

F.E.I. No. 65-0389284

DOCUMENT NUMBER

05342 JUN 17 2003

FPSC-COMMISSION CLERK