

ORIGINAL

030640-TC

1. Name of company or name of individual (not fictitious name or d/b/a):
Global Shredding Technologies LTD, LLC

2. Name under which applicant will do business (fictitious name, etc.):
Global Shredding Technologies, LLC

3. Official mailing address:
Street: 16770-1 Rebar Road

P.O. Box: 728

City: Baldwin

State: Florida Zip: 32234

4. Florida address:
Street: Same

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:
- () Individual
 - () Corporation
 - () General Partnership
 - () Limited Partnership
 - (x) Other: Limited Liability Company

6. If incorporated in Florida, provide proof of authority to operate in Florida:
**Florida Secretary of State
Corporate Registration Number:** _____

Limited Liability Company

Document # M98000000517

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

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

Initials of person who forwarded check:

COMMISSION CLERK
JUL 17 PM 1:56
FPSC

DOCUMENT NUMBER-DATE

06392 JUL 17 8

FPSC-COMMISSION CLERK

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name Registration Number: Global Shredding Technologies, LLC
G03999030202

8. F.E.I. Number (if applicable): 35-2026465

9. If individual, provide:

Name: N/A

Title:

Address:

City/State/Zip:

Telephone No.: Fax No.:

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

a. Name: N/A

Title:

Address:

City/State/Zip:

Telephone No.: Fax No.:

Internet E-Mail Address:

Internet Website Address:

Please see attached listing of memeber & officers.

10. Partnership (continued)

b. Name: _____
 Title: _____
 Address: _____
 City/State/Zip: _____
 Telephone No.: _____ Fax No.: _____
 Internet E-Mail Address: _____
 Internet Website Address: _____

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

a. The application:
 Name: Stephen M. Garber
 Title: General Manager
 Address: P.O. Box 728
 City/State/Zip: Baldwin, Florida 32234
 Telephone No.: (904) 266-3161 Fax No.: (904) 266-3010
 Internet E-Mail Address: Sgarber@omnisource.com
 Internet Website Address: N/A

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
 Name: Same as 11a
 Title: _____
 Address: _____
 City/State/Zip: _____
 Telephone No.: _____ Fax No.: _____
 Internet E-Mail Address: _____
 Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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, provide explanation: No

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant: N/A

a. Is currently providing pay telephone service.

b. Has applications pending to be certified as a pay telephone provider.

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 1

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
-
-
-

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
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-
-

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
-
-
-

****APPLICANT FEE STATEMENT****

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

| | |
|------------------------------|------------------|
| Stephen M. Garber | |
| Print Name | Signature |
| General Manager | July 14, 2003 |
| Title | Date |
| (904) 266-3161 Ext. 28 | (904) 266-3010 |
| Telephone No. | Fax No. |
| Address: P.O. Box 728 | |
| Baldwin, FL 32234 | |
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****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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:


| | |
|--|--|
| Stephen M. Garber <hr/> Print Name General Manager <hr/> Title (904) 266-3161 Ext. 28 <hr/> Telephone No. Address: P.O. Box 728 <hr/> Baldwin, FL 32234 <hr/> <hr/> <hr/> | <hr/> Signature July 14, 2003 <hr/> Date (904) 266-3010 <hr/> Fax No. |
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APPLICANT ACKNOWLEDGMENT

Applicant: Global Shredding Technologies, LLC

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Stephen M. Garber
Print Name


Signature

General Manager
Title

July 14, 2003
Date

(904) 266-3161 Ext. 28

(904) 266-3010

Telephone No.

Fax No.

Address: 16770-1 Rebar Road
P.O. Box 728
Baldwin, FL 32234

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.