

ORIGINAL

030977-TC

RECEIVED FPSC

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

03 OCT -9 AM 10:58

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT  
CERTIFICATION**

COMMISSION  
CLERK

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

**Instructions**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission  
Division of the Commission Clerk and Administrative Services  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

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

**Florida Public Service Commission  
Division of Competitive Markets and Enforcement  
Certification  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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:

W.S.

DOCUMENT NUMBER DATE

09845 OCT-98

FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):  
Kristian N. Lea

2. Name under which applicant will do business (fictitious name, etc.):  
KAK Phone Service

3. Official mailing address:  
Street: 1407 Colwyn Drive  
P.O. Box: NA  
City: Cantonment,  
State: FL Zip: 32533

4. Florida address:  
Street: 1407 Colwyn Drive  
P.O. Box: \_\_\_\_\_  
City: Cantonment  
State: FL Zip: 32533

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: NOT INCORPORATED

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: \_\_\_\_\_

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: Kristian Lea

Title: sole proprietor

Address: 1407 Colwyn Drive

City/State/Zip: Cantonment, FL 32533

Telephone No.: 850-937-3906 Fax No.: 850-937-3906

Internet E-Mail Address: knklea@aol.com

Internet Website Address: Not applicable

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

a. Name: Not a partnership

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

b. Name: Not a partnership  
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: Kristian Lea  
Title: owner (sole proprietor)  
Address: 1407 Colwyn Drive  
City/State/Zip: Cantonment, FL 32533  
Telephone No.: 850-937-3906 Fax No.: 850-937-3906  
Internet E-Mail Address: knklea@aol.com  
Internet Website Address: NA

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Kristian Lea  
Title: Sole proprietor  
Address: 1407 Colwyn Drive  
City/State/Zip: Cantonment, FL 32533  
Telephone No.: 850-937-3906 Fax No.: 850-937-3906  
Internet E-Mail Address: knklea@aol.com  
Internet Website Address: NA

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: NONE of the above applies

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.

does not apply

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:

a. Is currently providing pay telephone service.

NONE

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

NONE

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

NONE

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

NONE

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: 50

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) 5 year "bumper-to-bumper" warranty through Public Telephone Corporation

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: \_\_\_\_\_

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:**

Kristian Lea  
Print Name

Kristian Lea  
Signature

Sole proprietor  
Title

Sept. 17, 2003  
Date

850-937-3906  
Telephone No.

850-937-3906  
Fax No.

Address: 1407 Colwyn Drive  
Cantonment, FL 32533  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**\*\*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:**

<u>Kristian Lea</u> Print Name	<u>Kristian Lea</u> Signature
<u>Sole proprietor</u> Title	<u>Sept. 17, 2003</u> Date
<u>850-937-3906</u> Telephone No.	<u>850-937-3906</u> Fax No.
Address: <u>1407 Colwyn Drive</u>	
<u>Centonment, Fl. 32533</u>	
_____	
_____	
_____	

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: Kristian Lea

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

Kristian Lea  
Print Name

Kristian Lea  
Signature

sole proprietor  
Title

Sept. 17, 2003  
Date

850-937-3906  
Telephone No.

850-937-3906  
Fax No.

Address: 1407 Colwyn Dr.  
Cantonment, Fl. 32533

**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.**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

September 23, 2003

**KAK PHONE SERVICE**  
1407 COLWYN DR  
CANTONMENT, FL 32533

**Subject: KAK PHONE SERVICE REGISTRATION NUMBER: G03265700289**

This will acknowledge the filing of the above fictitious name registration which was registered on September 22, 2003. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.**

Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at 850-245-6058.

Division of Corporations

# State of Florida



## Department of State

I certify from the records of this office that KAK PHONE SERVICE is a Fictitious Name registered with the Department of State on September 22, 2003.

The Registration Number of this Fictitious Name is G03265700289.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.



CR2EO22 (2-03)

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-third day of September, 2003

*Glenda E. Hood*

Glenda E. Hood  
Secretary of State