

CK# 1348
CK # 100.00
1229-03
RT

ORIGINAL
FILED

Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90323 017 ****50.00
G03999000879

040013-TC

FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/03

SECRETARY OF STATE




FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G93144000002**

1. Name and Mailing Address

0026783 AT **AUTO T7 0 0606 33316-170868



DURTY HARRY'S RAW BAR & SALOON
1368 S.E. 17TH STREET CAUSEWAY
FORT LAUDERDALE FL 33316-1708

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.



DEPOSIT DATE 90153378

G93144000002

CHECK HERE IF MAKING CHANGES

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

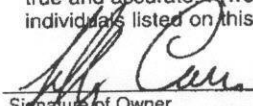
City State Zip Code

3. FEI Number 65-0301535	5. County of Principal Place of Business BROWARD
4. Date Registered 05/24/1993	6. Certificate of Status Desired <input type="checkbox"/> \$10 Additional Fee Required

AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

7. CURRENT OWNER (S)		8. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # S95182	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI # 65-0301536		FEI #	
NAME SMALL SHELL INC		NAME	
STREET ADDRESS 1368 SE 17 STR		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33316		CITY-ST-ZIP	
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI #		FEI #	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI #		FEI #	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

9. 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. Further certify that the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. (At least one signature required)

 8/25/03
Signature of Owner Date

00116 JAN-6 3
Date
FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):
Small Shell INC

2. Name under which applicant will do business (fictitious name, etc.):
Durty Harry's Raw Bar & Saloon

3. Official mailing address:
Street: 1368 S.E. 17th St
P.O. Box: _____
City: Ft Lauderdale
State: Florida Zip: 33316

4. Florida address:
Street: (Same as above) 1368 S.E. 17th St
P.O. Box: _____
City: Ft Lauderdale
State: Florida Zip: 33316

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: 595182

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: G 9314400002

8. F.E.I. Number (if applicable): 65-0301535

9. If individual, provide:

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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: _____

10. Partnership (continued)

b. Name: N/A
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: Jeffrey Caris
Title: V.P. Small Shell Inc
Address: 1368 S.E 17th St
City/State/Zip: Ft Lauderdale FL 33316
Telephone No.: 954-524-7263 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: (Same as above) Jeffrey Caris
Title: V.P. Small Shell Inc
Address: 1368 S.E 17th St
City/State/Zip: Ft Lauderdale FL
Telephone No.: 954 524-7263 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: None

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:

a. Is currently providing pay telephone service.

None

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

No

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

No

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

No

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: 3

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: _____

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:

Jeffrey Caris
Print Name

U. P. Small Shells Inc
Title

954-524-7263
Telephone No.

1368 S.E 17th St
Ft Lauderdale FL 33316
Address:

[Signature]
Signature

12/26/03
Date

None
Fax No.

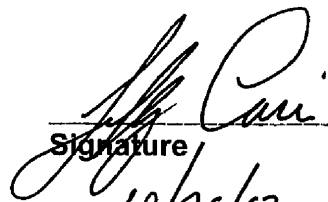
****ACKNOWLEDGMENT****

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:

Print Name	<u>Jeffrey Caris</u>	Signature	<u></u>
Title	<u>V.P. Small Shells Inc</u>	Date	<u>12/26/03</u>
Telephone No.	<u>954-524-7263</u>	Fax No.	<u>None</u>
Address:	<u>1368 S.E. 17th St</u>		
	<u>Ft Lauderdale FL 33316</u>		
	<u> </u>		
	<u> </u>		
	<u> </u>		

****APPLICANT ACKNOWLEDGMENT****

Applicant: Jeffrey Caris V.P. Small Shells Inc

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

Jeffrey Caris
Print Name Signature

V.P. Small Shells Inc
Title 12/26/03
Date

954-524-7263
Telephone No. None
Fax No.

Address: 1368 S.E. 17th St
Ft Lauderdale FL 33316

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.