

# Alternative Access Vendor Regulatory Assessment Fee Return

## ORIGINAL

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2003 TO 12/31/2003

Records

TA042-03-0-R  
Atlantic Telecommunication Systems, Inc.  
5849 Okeechobee Blvd., Suite 201  
West Palm Beach, FL 33417-4352

No Longer Operating

0425 FEB 02

**FOR PSC USE ONLY**

Check# 1524

\$ 50.00 0603005  
003001

\$ \_\_\_\_\_ P 0603005  
004011

\$ \_\_\_\_\_ I

Postmark Date 1-27-04

Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	WIDE AREA TOLL SERVICE	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Special Access Services	\$ <u>0</u>	\$ _____
2.	Private Line Services	_____	_____
3.	Leased Facilities & Circuits Services	_____	_____
4.	Miscellaneous Services	_____	_____
5.	<b>TOTAL REVENUES</b>	_____	_____
6.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
7.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	_____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015)	_____	_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	<b>TOTAL AMOUNT DUE</b>	_____	\$ <u>50.00</u>

040117-TA

COMMISSION CLERK

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

RECEIVED  
FEB 9  
9:05 AM '04  
PSC

\* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

### COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES  NO  
If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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.

Jerold Stahler  
(Signature of Company Official)  
(Preparer of Form - Please Print Name)

President 1/27/04  
(Title) (Date)  
Telephone Number 361-471-1864 Fax Number 361-690-1720  
F.E.I. No. 59-2659610

DOCUMENT NUMBER-DATE

01450 FEB-23

FPSC-COMMISSION CLERK