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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**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**

04 FEB -2 - 83 40 AM 10:01

DOCUMENT NUMBER - DATE
DISTRIBUTION CENTER
01634 FEB -4 8

FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):
PONCE'S BY THE SEA, INC

2. Name under which applicant will do business (fictitious name, etc.):
CONCH HOUSE MARINA RESORT

3. Official mailing address:
Street: ST COMARES AVENUE
P.O. Box: _____
City: ST AUGUSTINE
State: FL Zip: 32080

4. Florida address:
Street: SAME
P.O. Box: _____
City: _____
State: _____ Zip: _____

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: 596469

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 92366002785

8. F.E.I. Number (if applicable): 59-1592283

9. If individual, provide: N/A

Name: _____

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: N/A

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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: LYNN WEST
Title: CONTROLLER
Address: 57 COMARES AVENUE
City/State/Zip: ST AUGUSTINE, FL 32080
Telephone No.: 904/829-8646 Fax No.: 904/829-5414
Internet E-Mail Address: WESTGARDENS@AOL.COM
Internet Website Address: _____

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

Name: LYNN WEST
Title: SAME AS ABOVE
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: N/A

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.

N/A

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.

N/A

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

(X) COIN

() CALLING CARD

() CREDIT CARD

() OTHER (Describe) _____

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

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.

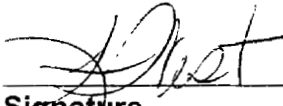
UTILITY OFFICIAL:

LYNN WEST
Print Name

CONTROLLER
Title

904/829-8646
Telephone No.

Address: 57 COMARES AVENUE
ST AUGUSTINE, FL 32080


Signature

12-16-03
Date

904/829-5414
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:

LYNN WEST
Print Name


Signature

CONTROLLER
Title

12-16-03
Date

904/829-8646
Telephone No.

904/829-8646
Fax No.


Address: 57 COMPIRES AVENUE
ST AUGUSTINE, FL 32080

****APPLICANT ACKNOWLEDGMENT****

Applicant: PONCE'S BY THE SEA, INC.

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

LYNN WEST
Print Name


Signature

CONTROLLER
Title

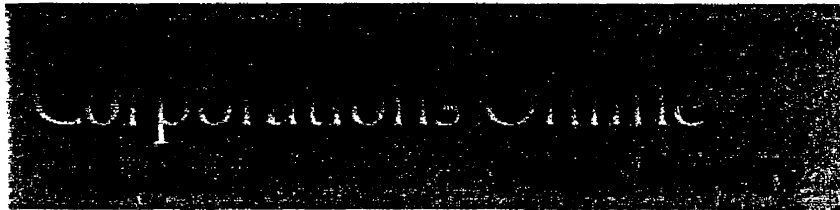
12-16-03
Date

904/829-8646
Telephone No.

904/829-5414
Fax No.

Address: 57 COMARES AVENUE
ST. AUGUSTINE, FL 32080

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.



Fictitious Name List

* →
in attached

Fictitious Name	Address	City	State	County	Status
CONCH HOUSE MARINA RESORT	57 COMARES AVENUE	ST AUGUSTINE	FL	ST JOHNS	A
CONCH HOUSE TRADING COMPANY	57 COMARES AVENUE	ST AUGUSTINE	FL	ST JOHNS	A
CONCHIE JOE'S HOT DOGS & MORE	6706 LENOX AVENUE	JACKSONVILLE	FL	DUVAL	A
CONCH ISLAND MARKETING	1521 TUNNEY CT	KEY WEST	FL	MARION	A
CONCHITA CAFETERIA	299 W 27TH ST	HIALEAH	FL	DADE	A
CONCHITA CHRISTABELLA	350 ROYAL POINCIANA PLAZA	PALM BEACH	FL	PALM BEACH	A
CONCHITA'S TRANSIT EXPRESS	59 E 3 ST	HIALEAH	FL	DADE	A
CONCH KEY AQUATICS	84 SEA VIEW AVENUE	MARATHON	FL	MONROE	A
CONCH KEY CARPENTERS	62900 OVERSEAS HIGHWAY, #15	MARATHON	FL	MONROE	A
CONCH KEY WINERY	2845 MARINA CIRCLE	POMPANO BEACH	FL	BROWARD	A
CONCH KIDS GO	P O BOX 5814	KEY WEST	FL	MONROE	A
CONCH LAWN PROFESSIONALS	P O BOX 166	KEY LARGO	FL	MONROE	A
CONCH-ON-INN	PO BOX 608	ISLAMORADA	FL	MONROE	A
CONCH PEARLS	6616 51ST AVE	VERO BEACH	FL	INDIAN RIVER	A
CONCH PLAZA	2502-2510 P O BOX 2907	KEY WEST	FL	MONROE	A
THE CONCH REPUBLIC	8445 INTERNATIONAL DRIVE	ORLANDO	FL	ORANGE	A
CONCH REPUBLIC BAIL BONDS	1465 NW NORTH RIVER DRIVE	MIAMI	FL	MONROE	A
CONCH REPUBLIC BRANDS	120 PORTO SALVO DRIVE	ISLAMORADA	FL	MONROE	A
CONCH REPUBLIC CIGAR FACTORY	817 SIMONTON ST	KEY WEST	FL	MONROE	A
THE CONCH REPUBLIC CIGAR FACTORY	817 SIMONTON STREET	KEY WEST	FL	MONROE	A

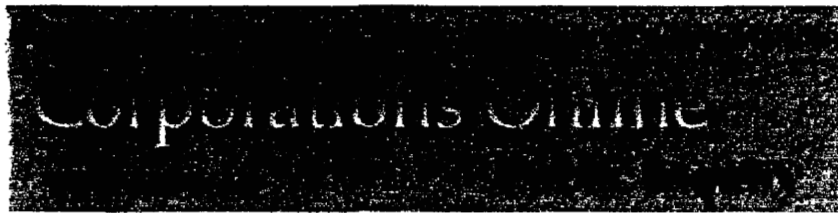
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THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Fictitious Name Inquiry](#)

[Fictitious Name Help](#)



CONCH HOUSE MARINA RESORT
57 COMARES AVENUE
ST AUGUSTINE, FL 32084 US

Document Number G92366002785	Status ACTIVE	Date Filed 12/31/1992
Expiration Date 12/31/2007	Current Owners 000000001	County ST JOHNS
Total Pages 000000003	Events Filed 000000002	FEI Number 59-1892283

[View Filing History](#)

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Owner Information

Name & Address	FEI Number	Charter Number
PONCE'S BY THE SEA INC 57 COMARES AVENUE ST AUGUSTINE, FL 32084 US	59-1892283	596469

Document Images

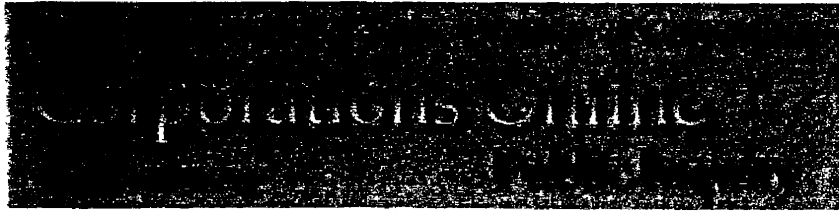
Listed below are the images available for this filing.

G92366002785 -- No image available
G02999003566 -- 04/02/2002 -- RENEWAL
G97999011779 -- 12/31/1997 -- RENEWAL

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Corporate Name List

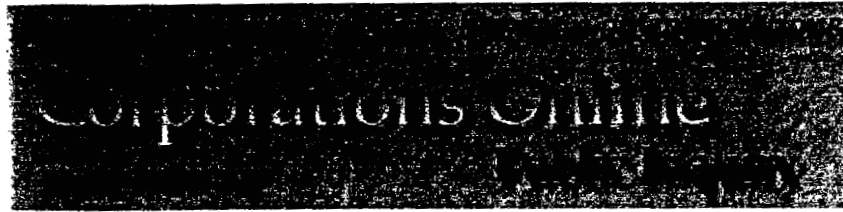
*See attached ** →

Corporate Name	Document Number	Status
PONCE'S BY THE SEA INC.	596469	ACT
PONCE'S CONSTRUCTION, INC	P02000070583	INACT/UA
PONCE SEAFOOD CORPORATION	M15836	INACT
PONCE SEAFOODS, INC	385875	INACT/MG
PONCE SEED STORE	903797	INACT
PONCE -S- STONE SHOP INC	199076	INACT
PONCE TERRACE OWNERS' ASSOCIATION, INC	748228	INACT
PONCET-FAGUET INTERNATIONAL ADVERTISING AGENCY INC	G75650	INACT
PONCET-FAGUET INTERNATIONAL REAL ESTATE MANAGEMENT TRADING CORP	G75451	NAME HS
PONCET-FAGUET INTERNATIONAL REAL ESTATE, INC	G75451	INACT
PONCET FAGUET OF PALM BEACH INC	J46244	INACT
PONCET-FAGUET, U S A . INC	G44957	INACT
PONCE TILE CO INC	198032	INACT
PONCE TITLE COMPANY, INC.	448089	INACT
PONCE TITLE COMPANY	H93235	INACT
PONCE TITLE COMPANY, INC.	P96000074061	NAME HS
THE PONCE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC	N03000001852	ACT
PONCE TRADING CORP	639849	INACT
PONCETRO, INC	P01000108437	INACT
PONCE TROUBLE SHOOTER CORP	P03000087546	NAME HS
PONCE TRUCK LINES, INC	J83432	INACT
PONCE TWO, LLC	L01000007873	ACT
PONCE USED CARS, INC	P99000094230	ACT
PONCE UTILITY COMPANY	282445	INACT

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[Corporations Help](#)



Florida Profit

PONCE'S BY THE SEA INC.

PRINCIPAL ADDRESS
 57 COMARES AVENUE
 ST. AUGUSTINE FL 32084

MAILING ADDRESS
 57 COMARES AVENUE
 ST. AUGUSTINE FL 32084

Document Number 596469	FEI Number 591892283	Date Filed 12/06/1978
State FL	Status ACTIVE	Effective Date NONE
Last Event REINSTATEMENT	Event Date Filed 11/16/1995	Event Effective Date NONE

Registered Agent

Name & Address
PONCE, DAVID M 5167 REDBIRD ROAD ST. AUGUSTINE FL 32084
Name Changed: 04/23/1999
Address Changed: 04/23/1999

Officer/Director Detail

Name & Address	Title
PONCE, DAVID M. 57 COMARES AVENUE ST. AUGUSTINE FL	PD
PONCE, J. AUGUSTINE, JR 57 COMARES AVENUE ST. AUGUSTINE FL	STVD