

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date	February 25, 2004	Docket No.	040168-TC
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1. Division Name/Staff Name:	Competitive Markets & Enforcement/T.Williams
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2. OPR:	T.Williams
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3. OCR:	
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4. Suggested Docket Title:	Request for cancellation of PATS Certificate No.3474 by Ed Gorfy, effective 12/31/03
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5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
 - 1. Parties and their representatives (if any):

- 2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

JEW
2/24/04

COMPANY NAME: Ed Gorfy CO. CODE: TE946

COMPANY LIAISON: _____

DOCKET NO.: _____ CERTIFICATE NO.: 3474 EFFECTIVE: 11/16/03

RAF RETURN NOTICE: _____

DELINQUENT NOTICE: _____

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2003

YEAR(s) PENALTIES & INTEREST NOT PAID: _____

	Amount	Year	Paid
REVENUES/YEAR:	_____	_____	_____

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

01/27/04 - Fiscal provided me a copy of the company's 2003 RAF return form
showing zero revenues. No payment was included.

- I called Mr. Gorfy at 4:15 p.m. He wants to cancel his certificate
and asked me to fax a copy of his return to 863-294-5632.

- Faxed note and copy of the completed 2003 RAF return.

1/29/04 - Mam Co. - Advise of 2003 RAF & request
for cancellation

2/23/04 - Forwarded file to Gilchrist for handling.
Voluntary cancellation, Eff. 12/31/03.

02/23/2004

Fiscal Service Check Reconciliation System

Company Code: TE946

Company Name: Ed Gorfy

Check date range: All dates

Check value range: All amounts

Check Date	Entered	Audited	Notes	Check No.	Amount
02/28/2003	03/03/2003	03/05/2003	<none>	694	56.00
01/28/2004	01/30/2004	01/30/2004	<none>	890	50.00

Number of checks in Batch: 2

Batch Total Sum: \$106.00

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TE946-03-0-R
 Ed Gorfy
 4 Vaughn Road
 Winter Haven, FL 33880-4839

2004 JAN 27 0111 02
 COMMUNICATIONS SERVICES

cc: P. Isler

FOR PSC USE ONLY

Check# 890

\$ 50.00 0603002
 003001

\$ P 0603002
 004011

\$ 1

Postmark Date 1-28-04

Initials of Preparer RT

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

0425

Please Complete Below If Official Mailing Address Has Changed

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

Please Cancel my Certificate Ed Gorfy

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	_____ 0 _____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____ 0 _____

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____ 0 _____

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

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.

Edward F Gorfy Jr

(Signature of Company Official)

owner

(Title) 1-21-04
(Date)

EDWARD F GORFY JR

(Preparer of Form - Please Print Name)

Telephone Number 883 299 1606 Fax Number ()

F.E.I. No. _____

TRANSMISSION VERIFICATION REPORT

TIME : 01/27/2004 17:27
NAME : PSC
FAX : 4137077
TEL : 4137077

DATE, TIME	01/27 17:25
FAX NO. /NAME	618632945632
DURATION	00:01:18
PAGE(S)	02
RESULT	OK
MODE	STANDARD

Taxed
1) cover sheet
2) 2003 PAF return
(front only)

January 27, 2004

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

Ed Gorfy

Phone: 863-299-1606
Fax: 863-294-5632

FROM:

Paula Isler

Phone: (850) 413-6502
Fax: (850) 413-6503

E-mail: Pisler@psc.state.fl.us

RE:

2003 Regulatory Assessment Fee return

Dear Mr. Gorfy:

This is a follow up to our telephone conversation. The Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year. If the 2003 minimum fee of \$50 is postmarked by January 30th, then we can open a docket to voluntarily cancel your certificate with an effective date of December 31, 2003. That way, you won't owe the 2004 fee. When you send in your fee, just write on the form "Please cancel my certificate" and return it with payment to the address above. Let me know if you have any questions. Thanks.

Pay Telephone Service Provider Regulatory Assessment Fee Return

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TE946-03-0-R
Ed Gorfy
4 Vaughn Road
Winter Haven, FL 33880-4839

cc: P. Isler

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

FOR PSC USE ONLY	
Check#	_____
\$	0603002 003001
\$	P 0603002 004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

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

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Edward F Gorfy Jr
(Signature of Company Official)

owner (Title) 1-21-04 (Date)

EDWARD F GORFY JR
(Preparer of Form - Please Print Name)

Telephone Number 863 299 1606 Fax Number ()

F.E.I. No. _____