REQUEST TO ESTABLISH DOCKET (Please Type)						
Date February 25, 2004 Docket No. 040168 - 70					040168-TC	
			Competitive Mark	ets & Enforcement/T.Williams		
2. OPR:	T.Williams	W				
3. OCR:	;					
4. Suggested Docket Title: Request for cancellation of PATS Certificate No.3474 by Ed Gorfy, effective 12/31/03					ate No.3474 by Ed Gorfy, effective	
			<u>.</u>			
5. Sugg	jested Docket Mailing	j List (a	ttach separate she	et if necessary)		
A. 1	Provide NAMES OR AC	RONYM	S ONLY if a regulat	ed company.		
B. 1	Provide COMPLETE NA	ME ANI	D ADDRESS for all	others. (Match re	epresentatives to companies.)	
1	1. Parties and th	eir repi	resentatives (if any)):		
			······			
				<u></u>	· · · · · · · · · · · · · · · · · · ·	
: 	2. Interested per	rsons ar	nd their representa	tives (if any):		
				ļ		
					······································	
·····						
6. Checl		Jocume	ntation is attached	L		
Documentation will be provided with recommendation.						
		босишс				
BEALCO	A1A C (P AC /A2)					
rscicca	1010-C (Rev 02/02)				DOCUMENT NUMBER-DATE	
					02781 FEB25ま	

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IEW 2/24/0**4**

COMPANY NAME:Ed GorfyCO. CODE:TE946
COMPANY LIAISON:
DOCKET NO.: CERTIFICATE NO.: 3474 EFFECTIVE: $11/16/q3$
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 - Join Co Daym. B. 2003 RAF & request
for clencellation

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

Fiscal Service Check Reconciliation System

Company Code: TE946

Company Name: Ed Gorfy

Check date range: All dates

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

Number of checks in Batch: 2

Batch Total Sum: \$106.00

Check value range: All amounts

PSC/CMP-204Rev.11/21/991 3+

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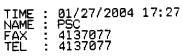
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TO AVOID BENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE BETURNMUST BE FUED ON OK BEFORE 01/30/2004 Pay Telephone Service Provider Regulatory Assessment Fee Return

				r~		
		Public Service C			FOR PSC US	EONLY
STATUS: Actual Return	TE946-03-0-R	F Filling Later - Kirvina un Dack	7 P. 0 May		50.0	0603002
Estimated Return	Ed Gorfy	.	2034 J 27 8111	4. 5	5	003001 P
	Winter Haven,	FL 33880-4839		11.	$-\chi$	0603002
PERIOD COVERED: 01/01/2003 TO 12/31/2003	·	,	COMPETER ESERVE	ora is	_ <u> </u>	$\frac{1}{1}$
D425 Filter			· · ·	1 12	ostmark Dote	07 I
U4-5 Part 140	CC: P. I	sler		ין ו-		
	Please Comple	te Below If Official Ma	iling Address Has Changed	Ĺ		
(Name of Company)		(Addr	nşş)		(City/Stote)	(Zip)
Please Cance	0 mal	Contilia	Te PJ	H	nhe -	
•		ange			12	
LINE NO.	ACCOUNT CL	ASSIFICATION			AMO	UNT
	· ·				S	
					*	
2. Gross Intrastate Rev					· · ·	
3. LESS: Amounts Pat (see "2. Fees" on bac		communications	Companies [*]		()
4. TOTAL REVENU: (Line 2 less Line 3)	ES for Regulate	ory Assessment	Fee Calculation		\$	·····
5. Regulatory Assessm	ent Fee Due - ()	Multiply Line 4 a	oy 0.0015)		·	
6. Penalty for Late Pay	ment (see "3. Fa	ilure to File by I	Due Date" on back)			
7. Interest for Late Pay	ment (see "3. Fa	ilure to File by I	Due Date" on back)			
8. TOTAL AMOUNT	r due				\$()
AS PROVIDE	D IN SECTION 364	1336 FLORIDA STA	TUTES THE MINIMUM	NNUAL	FEE 15 \$50	
THIS FORM MUST BE	COMPLETED AND	RETURNED REGA	RDLESS OF THE AMOUN	IT OF R	EVENUES REPO	RTED
		, , , , , , , , , , , , , , , , , , , ,			,	*1
 Number of pay telep by this Return 	phones in operat	ion at close of pe	riod covered			<u></u>
* These amounts mus: be intrastitie only and as	ust be verifiable.					
		······			· ·	
I, the undersigned owner/officer of the a true and correct statement. I are aware that j	bove-samed company, i pursuant to Section 837.	nove read the foregoing a 06, Flanda Statutes, who	nd declare that to the best of my k ever knowingly makes a laise stat	nowledge ement in v	and belief the above i vitting with the intent	nformation is a to mislead a
public servant in the performance of his office	cial duty shall be guilty (of a misdemeanor of the s	second degree.			
(Signat + Borry of Comp	ny Official)	Å	(Title)		<i>L</i>	<u>Z/ - 04</u> (Date)
EDWARD F GORFY 1	75	Tele	phone Number (863 299 1	606	Fex Number ()	
(Preparer of Form - Pleas	e Print Name)	F.E.I				
			•			
· ,					•	
		• • • •				

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TRANSMISSION VERIFICATION REPORT





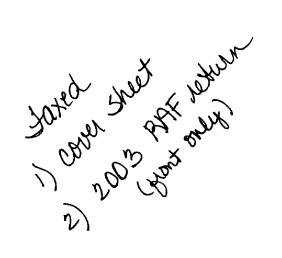
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01/27 17:25 618632945632 00:01:18 02 0K STANDARD



January 27, 2004

STATE OF FLORIDA



TO:

Ed Gorfy

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

FROM:

PUBLIC SERVICE COMMISSION \Box_{Pa}

2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

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.

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:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TE946-03-0-R Ed Gorfy 4 Vaughn Road Winter Haven, FL 33880-4839	\$0603002 003001 \$P 0603002
PERIOD COVERED: 01/01/2003 TO 12/31/2003		\$1 Postmark Date
	cc: P. Isler	Initials of Preparer
	Please Complete Below If Official Mailing Address Has Changed	

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

LINE <u>NO.</u>	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	\$
	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES THE MINIMUM ANNUAL THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF R	
9.	Number of pay telephones in operation at close of period covered by this Return	Ŏ
* These an	sounts 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.

Colvant & Horty Jr (Signature of Company Official)	(Title)	<u>1-21-04</u> (Date)
EDWARD F GORFY TR (Preparer of Form - Please Print Name)	Telephone Number (863 299 1606 Fax Number (_)
	F.E.I. No	