



OFFICE OF THE ATTORNEY GENERAL

040578-TC

DEPARTMENT OF LEGAL AFFAIRS
THE CAPITOL
TALLAHASSEE, FLORIDA 32399-1050

Please reply to:

Office of the Attorney General
General Civil/State Programs Section
PL 01 The Capitol
Tallahassee, Florida 32399-1050
Telephone: (850) 414-3300
Facsimile: (850) 488-4872

CHARLIE CRIST
Attorney General
State of Florida

April 8, 2004

Hozae Lamar Milton
5625 Verna Blvd., Suite 9
Jacksonville, FL 32205

In Re: Florida Commercial Payfon, Inc. - reinstatement of certification

Dear Mr. Milton:

This letter addresses how you may become re-certified by the Public Service Commission to again operate your payphone business. In order to become re-certified you will have to do the following:

- (A) Provide the information previously requested by the Commission. I am attaching the sworn testimony of P.S.C. Regulatory Analyst Lynn Deamer in which she explains why the documentation you previously submitted was insufficient and the additional documentation you need to submit.
- (B) Reapply for certification, which requires a \$100.00 filing fee.
- (C) When you re-apply you may petition the Commission to reduce the \$10,000.00 penalty.

Sincerely,

Phillip P. Quaschnick
Assistant Attorney General
with enclosure

cc: Christina Moore
Adam Treitzman

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

RECEIVED - FPSC
JUN 21 AM 10:28
COMMISSION CLERK

DISTRIBUTION CENTER
04 JUN 21 11 3 52

DOCUMENT NUMBER - DATE

06797 JUN 21 04

FPSC-COMMISSION CLERK

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):
HOZAE MILTON DBA FLORIDA COMMERCIAL PAYFON, INC.

2. Name under which applicant will do business (fictitious name, etc.):
FLORIDA COMMERCIAL PAYFON, INC.

3. Official mailing address:
Street: 5625 VERNA BLVD. SUITE-9
P.O. Box: NA
City: JACKSONVILLE, FL.
State: FLORIDA Zip: 32205

4. Florida address:
Street: 6919 LYSTER CIRCLE SOUTH
P.O. Box: NA
City: JACKSONVILLE,
State: FLORIDA Zip: 32209

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: NA

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: NA

DOCUMENT NUMBER-DATE
06797 JUN 21 08
FPSC-COMMISSION CLERK

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: G98064900008

8. F.E.I. Number (if applicable): 65-0950927

9. If individual, provide:

Name: HOZAE MILTON

Title: OWNER/PRESIDENT

Address: 5625 VERNA BLVD. SUITE-9

City/State/Zip: JACKSONVILLE, FL. 32205

Telephone No.: 904-786-2040 Fax No.: 904-786-1421

Internet E-Mail Address: NA

Internet Website Address: NA

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: RONNIE, ALBERTO, MICHAEL MILTON

Title: ADDITIONS TO OWNERSHIP/OFFICERS

Address: 5625 VERNA BLVD. SUITE-9

City/State/Zip: JACKSONVILLE, FL. 32205

Telephone No.: 904-786-2040 Fax No.: 904-786-1421

Internet E-Mail Address: NA

Internet Website Address: NA

10. Partnership (continued)

b. **Name:** NA
Title: NA
Address: NA
City/State/Zip: NA
Telephone No.: NA **Fax No.:** NA
Internet E-Mail Address: NA
Internet Website Address: NA

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:
Name: HOZAE MILTON
Title: OWNER/PRESIDENT
Address: 5625 VERNA BLVD. SUITE-9
City/State/Zip: JACKSONVILLE, FL. 32205
Telephone No.: 904-786-2040 **Fax No.:** 904-786-1421
Internet E-Mail Address: NA
Internet Website Address: NA

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: HOZAE MILTON
Title: OWNER/PRESIDENT
Address: 5625 VERNA BLVD. SUITE-9
City/State/Zip: JACKSONVILLE, FL. 32205
Telephone No.: 904-786-2040 **Fax No.:** 904-786-1421
Internet E-Mail Address: NA
Internet Website Address: NA

- 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: FELONIES DO NOT RESULT FROM PENDING PROCEEDINGS.

- 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.

PAYPHONE CERTIFICATE NUMBER WAS CANCELED BY THE PUBLIC SERVICE COMMISSION AND PROTESTED AND DISMISSED IN COURT ON APRIL 30, 2004. CERTIFICATE NUMBER THAT WAS CANCELED WAS #7545, I AM REQUESTING A NEW CERTIFICATE OR REINSTATE THE OLD.

- 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.

NA

NA

NA

NA

NA

NA

NA

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NA

NA

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

NA

NA

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

NA

NA

NA

NA

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

NA

NA

NA

NA

16. Please check () the services that will be provided:

() LOCAL

() LONG DISTANCE

(x) COIN

() CALLING CARD

() CREDIT CARD

() OTHER (Describe) NA

NA

NA

NA

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10-20

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) NA
- NA
- NA
- NA

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: NA
- NA
- NA
- NA

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: NA
- NA
- NA
- NA

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:

HOZAE MILTON

Print Name

Hozae Milton

Signature

OWNER/PRESIDENT

Title

6/11/2004

Date

904-786-2040

Telephone No.

904-786-1421

Fax No.

Address: 5625 VERNA BLVD. SUITE-9 * JACKSONVILLE, FLORIDA

32205.DBA FLORIDA COMMERCIAL PAYFON, INC.

****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:

<u>HOZAE MILTON</u>	<u><i>Hozae Milton</i></u>
Print Name	Signature
<u>OWNER/PRESIDENT</u>	<u>6/11/2004</u>
Title	Date
<u>904-786-2040</u>	<u>904-786-1421</u>
Telephone No.	Fax No.
Address: <u>5625 VERNA BLVD. SUITE-9 * JACKSONVILLE, FLORIDA</u>	
<u>32205. DBA FLORIDA COMMERCIAL PAYFON, INC.</u>	
<u> </u>	
<u> </u>	
<u> </u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: HOZAE MILTON DBA FLORIDA COMMERCIAL PAYFON, INC.

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

HOZAE MILTON
Print Name

Hozae Milton
Signature

OWNER/PRESIDENT
Title

6/11/2004
Date

904-786-2040
Telephone No.

904-786-1421
Fax No.

Address: FLORIDA COMMERCIAL PAYFON, INC.
5625 VERNA BLVD. SUITE-9
JACKSONVILLE, FLORIDA. 32205
ATTENTION HOZAE MILTON

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.

IN THE COUNTY COURT, IN AND FOR DUVAL COUNTY, FLORIDA
THE FOURTH JUDICIAL CIRCUIT

FLORIDA COMMERCIAL PAYFON, INC.,
Hozae Lamar Milton

Plaintiff

vs.

Case No.2004-SC-002026
No.2004-SC-002027

PUBLIC SERVICE COMMISSION
DALE R. BUYS

Defendant

ORDER GRANTING MOTION TO DISMISS

THIS MATTER is before the Court on Defendant, Public Service Commission's, Motion To Dismiss in the above-styled consolidated cases. After conducting a hearing in which the Plaintiffs¹ and the Defendant were heard, and upon review of the file, it is:

ORDERED AND ADJUDGED that the Motion to Dismiss is **GRANTED WITH PREJUDICE**. Plaintiffs' remedy to challenge the \$10,000.00 fine referenced in both complaints was to appeal the Commission's final administrative order assessing the fine against Florida Commercial Payfon Inc to the District Court of Appeal. In addition, the Commission is entitled to sovereign immunity with respect to Plaintiffs' damage claims. Accordingly Plaintiffs' complaint is **DISMISSED**.

DONE AND ORDERED in Chambers this 5 day of May, 2004.

/S/ SHARON H. TANNER

Judge



Copies to:
Hozae Milton
Phillip P. Quaschnick

¹Plaintiff is the president and sole shareholder of Florida Commercial Payfon Inc.

Entered _____
Checked _____
File Purged _____
NA _____

Route To: **Burglary**

Year: **2003** Incident No.: **911121**

1  **Jacksonville Sheriff's Office**
General Offense / Incident Report 

Incident Information **Sub-Sector J2**
Day/Date/Time of Incident-From: **Wednesday 10/15/2003 17:00** Day/Date/Time of Incident-To: **Thursday 10/16/2003 08:00**
Location of Incident: **5625 VERNA BLVD Apt./Lot #: 9**
City: **JACKSONVILLE** State: **FLORIDA** Zip: **32205** Day/Date/Time Incident Reported: **Friday 10/17/2003 10:32**
Drug Activity: **NOT APPLICABLE** Drug Type: **NOT APPLICABLE** # Of Offenses: **1**
Alcohol Related: **UNKNOWN (OR N/A)** Drug Related: **UNKNOWN (OR N/A)** # Of Victims:
M.C.I. Case: **No** Follow-up by: # Of Suspects:

Offense or Incident:
#1 Statute No: **999** Degree: **N/A** UCR Code: **9999** Attempt Code: **Commit**
INFORMATION

Witness/Complainant Information: #1 **Type: COMPLAINANT**
Name: **MILTON HOZAE LAMAR**
Address: **6919 LYSTER CIR S Apt./Lot #:**
City: **JACKSONVILLE** State: **FLORIDA** Zip: **32209** Home Phone #: **(904)-765-9808**
Place of Employ./School: **FLORIDA COMMERCIAL PAYFON** Bus. Phone #: **(904)-786-2040 Ext.**
Race: **BLACK** Sex: **Male** DOB: **10/29/1969** Age: **33**
Relationship To Victim:
EMPLOYEE

ADDITIONAL INFORMATION

ON FRI, 10-17-03, I WAS DISPATCHED TO 5625 VERNA BLVD, SUITE #9, TO THE BUSINESS OF FLORIDA COMMERCIAL PAYFON, IN REFERENCE TO A BURGLARY.

UPON ARRIVAL, I WAS MET BY BUSINESS OWNER, MR. HOZAE MILTON, WHO TOLD ME HE WAS EXPERIENCING UNUSUAL OCCURENCES WITHIN THREE LOCATIONS. HIS OFFICE ADDRESS OF 5625 VERNA BLVD, HIS HOME ADDRESS OF 6919 LYSTER CIRCLE SOUTH, AND HIS MOTHER'S PROPERTY AT 105 W. 36TH ST WHICH IS CURRENTLY BEING REMODLED .

ACCORDING TO MR. MILTON, ABOUT THREE MONTHS AGO HE BEGAN NOTICING HIS PAPERWORK WAS BEING SHUFFLED AROUND AND ITEMS MOVED WITHIN THE WAREHOUSE. HE DISCOVERED ON 10-01-03 A BROKEN HINGE ON A DOOR HAD BEEN REPAIRED AT THE ADDRESS OF 105 W.36TH ST AND NO ONE SHOULD HAVE BEEN INSIDE. HE HAS ALARMS AT EACH LOCATION AND KEYS TO THE BUSINESS. THERE HAS BEEN NO EVIDENCE OF ANY FORCED ENTRY BUT HE HAS OBSERVED SIGNS THAT SOMEONE HAS BEEN INSIDE THE BUSINESS. YESTERDAY, HE DISCOVERED SOMEONE HAD URINATED IN HIS OFFICE BATHROOM TOILET AND LEFT IT UNFLUSHED WHEN HE ARRIVED FOR WORK AROUND 0800.

MR. MILTON STATED HE HAS SUFFERED NO PROPERTY DAMAGE OR LOSSES. HE JUST WANTED AN INFORMATION REPORT REGARDING THE INCIDENTS. HE ALSO HAS NOTICED ITEMS MOVED AROUND WITHIN HIS 1991 CHEVROLET PICK UP TRUCK ON OCCASSION.

THIS REPORT FOR INFORMARION ONLY.

Clearance Status: **CASE CLEARED - NON CRIMINAL** Clearance Code: **NOT APPLICABLE** Number of Cases Cleared

CRIME ANALYSIS

Aggravated Assault/Murder
Type of Weapon:

Forced Entry: **NOT APPLICABLE** Structure Occupancy Code: **NOT APPLICABLE** Number of Premises Entered

Location Type: **Other / Unknown**

Incident Occurred Inside this Location Incident Occurred In the Parking Lot or this Location: **No**

Number of Vehicles Recovered:

Number of Arrested:

School Name School Number

MISCELLANEOUS:

Is Offense Related to Domestic Violence: **No** If yes, were Children under 18 Present: If No is it Domestic Related: **NO**

Is there additional information included on a continuation report: **No** Are there other Pertinent Reports: **No**

In your opinion is there significant reason to believe that the crime can be solved by a patrol follow-up investigation? **No**

Neighborhood Canvass Conducted: **No**

Case Information Card Left With:

If Other (Name Address):

Address: Apt / Lot #:

Home Phone #

City: State Zip:

Bus Phone # Ext

Investigative Time:

#1 Hours: **1** Minutes: **15** Cost Amount: **\$18.70**

Detective Called To the Scene: **#0**

NA

Notified

Evidence Technician Called to the Scene: **#0**

NA

Assigned By HQ:

Reporting Officers: **M.E.WILLIAMS**

ID **#6210**

ID **#0**

10/17/2003 12:58

Approving Supervisor: **A.E.AYOUB**

ID **#6214**


Division: **PATROL** Unit: **ZONE 4**

Checked
File Budget
A 1


ROUTE 111

Year: 2003 Incident No.: 492485

1



Jacksonville Sheriff's Office General Offense / Incident Report



Incident Information

Sub-Sector J2

Day/Date/Time of Incident From **Saturday 6/1/2002 01:00** Day/Date/Time of Incident To **Wednesday 6/4/2003 10:21**
 Location of Incident **5625 VERNA BLVD Apt/Lot # 9**
 City **JACKSONVILLE** State **FLORIDA** Zip **32205** Day/Date/Time Incident Reported **Wednesday 6/4/2003 11:13**
 Drug Activity: **NOT APPLICABLE** Drug Type **NOT APPLICABLE** # Of Offenses **1**
 Alcohol Related **UNKNOWN (OR N/A)** Drug Related **UNKNOWN (OR N/A)** # Of Victims **1**
 M.C.I. Case **No** Follow-up by # Of Suspects **1**

Offense or Incident:

#1 Statute No. **S812.014(3)(C)1** Degree **F3** F.O.R. Code **231G** Attempt Code **Commit**
GRAND THEFT - UNSPECIFIED - \$300 TO LESS THAN \$5000

Victim Information #1

VICTIM TYPE: BUSINESS

Name **FLORIDA COMMERCIAL PAYFON INC**
 Address **5625 VERNA BLVD Apt/Lot #**
 City **JACKSONVILLE** State **FLORIDA** Zip **32205** Home Phone #
 Bus Phone # **(904)-786-2040 Ext**
 Hospital Where Victim Taken
 Place of Employment
 Race Ethnicity Sex **1998** Age
 Height Weight Eyes Hair Color
 Injury Extent Injury Type
 Residence Type **NOT APPLICABLE**
 Residence Status **NOT APPLICABLE**

Offenses Victim of:

#1 GRAND THEFT - UNSPECIFIED - \$300 TO LESS THAN \$5000

Victim Relationship To Offender

RELATIONSHIP UNKNOWN #1 UK,

Suspect Information #1

Suspect Location: At Large

Name **UK** Home Phone
 Address Apt/Lot # Bus Phone #/Ext
 City/State/Zip
 Place of Employment/School
 Race Ethnicity Sex **Unknown** DOB Age
 Height Weight Eyes Hair Color Hair Length
 Hair Style Complexion Eyes Lateral View
 Distinguishing Marks
 Clothing Description
 Nickname(s)
 Aliases
 Charges:

#1 GRAND THEFT - UNSPECIFIED - \$300 TO LESS THAN \$5000

Juvenile **No** NBO Status **FD** Section Confirmation By ID #
 Tag Booking? **OFFS** Ar. **Warning Warnings Given No**

Witness/Complainant Information: #1

Type: COMPLAINANT

Name **MILTON HOZAE L.** Home Phone #
 Address **5625 VERNA BLVD Apt/Lot # 9** Bus Phone # **(904)-786-2040 Ext**
 City **JACKSONVILLE** State **FLORIDA** Zip **32205**
 Place of Employment/School **FLORIDA COMMERCIAL PAYFON INC**
 Race **BLACK** Sex **Male** DOB **10/29/1969** Age **32**
 Relationship To Victim

Property Section:

ITEM #1

Type Code MONEY

Status Code STOLEN / ETC.

Weapon Type Weapon Class

Weapon Caliber Barrel Length

Full Automatic Firearm

Manufacturer US CURRENCY

Model

Serial Number

Color

QTY 1.00

Drug Type

Drug Unit Type

Weight 0.00

Unit of Measure

Description

COINS

Value Stolen or Damaged \$5,000.00

Value Recovered \$0.00

Include a Complaint Signed Signature Card NA

Property Received From

Disposition of Ex-Seized Property NA

ADDITIONAL INFORMATION

TELESERVE REPORT

THE COMPLAINANT STATED THAT BETWEEN THE LISTED DATES AND TIMES AN UNKNOWN SUSPECT(S) HAS BEEN STEALING MONEY FROM THE VICTIM'S PAYPHONES. THE COMPLAINANT STATED THE SUSPECT(S) IS APPARENTLY USING A DUPLICATE KEY TO REMOVE THE MONEY.

Clearance Status CASE SUSPENDED

Clearance Code NOT APPLICABLE

Number of Cases Seized

Suspended Type SUSPENDED (UNABLE TO IDENTIFY SUSPECT)

CRIME ANALYSIS

Aggravated Assault Murder

Type of Weapon

Forced Entry NOT APPLICABLE

Structure Occupancy Code NOT APPLICABLE

Number of Promises Made

Location Type Other / Unknown

Incident Occurred Outside this Location

Incident Occurred in the Parking Lot at this Location No

Number of Vehicles Recovered

Number of Arrested

School Name School Number

MISCELLANEOUS:

Is Offense Related to Domestic Violence No If yes were Children under 18 Present

Is there additional information included on a continuation report No Is there other Pertinent Reports No

In your opinion is there significant reason to believe that the crime can be solved by a postol follow-up investigation No

Neighborhood Curvass Conducted No

Case Information Card (off. Use) N.A.

If Other (Name Address)

Address Apt. Lot #

Home Phone #

City State Zip

Bus. Phone # Ext

Investigative Time:

#1 Hours 0 Minutes 25 Cost Amount \$8.20

Detective Called To the Scene #0

NA [X]

Notified []

Evidence Technician Called to the Scene #0

NA [X]

Assigned by HQ []

Reporting Officers D.A. GREEN

ID# #5322

ID# #0

6/4/2003 11:43

ID# #6176

Approving Supervisor C.D.FREEMAN

Division SERVICES Unit TELESERVE

Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions for Form 940 for information on completing this form.

2003

You must complete this section. ▶

Name (as distinguished from trade name) HOZAE MILTON DBA FLORIDA COMMERCIAL PAYRON, INC.	Calendar year
Trade name, if any RONNIE MILTON	Employer identification number (EIN) 65-0950927
Address (number and street) 5625 VERNA BLVD., SUITE-9 JACKSONVILLE, FL. 32205	City, state, and ZIP code

T	
FF	
FD	
FP	
I	
T	

- A** Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) Yes No
- B** Did you pay all state unemployment contributions by February 2, 2004? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2004. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) Yes No
- C** Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? Yes No

If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. (Successor employers, see **Special credit for successor employers** on page 3 of the separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS website at www.irs.gov.

If you will not have to file returns in the future, check here (see **Who Must File** in the separate instructions) and complete and sign the return ▶

If this is an Amended Return, check here (see **Amended Returns** in the separate instructions) ▶

Part I Computation of Taxable Wages

1 Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1	6000	00
2 Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2	600	00
3 Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions). Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use your state wage limitation	3	6000	00
4 Add lines 2 and 3	4	6600	00
5 Total taxable wages (subtract line 4 from line 1)	5	600	00

Be sure to complete both sides of this form, and sign in the space provided on the back.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ **DETACH HERE** ▼ Cat. No. 112340 Form **940** (2003)

Payment Voucher

Department of the Treasury
Internal Revenue Service

Use this voucher only when making a payment with your return.

2003

Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 940," and "2003" on your payment.

1 Enter your employer identification number (EIN). 65 0950927	2 Enter the amount of your payment. ▶ <div style="text-align: right;">Dollars Cents 19 20</div>	
	3 Enter your business name (individual name for sole proprietors). FLORIDA COMMERCIAL PAYRON, INC. RONNIE MILTON Enter your address. 5625 VERNA BLVD. SUITE-9 Enter your city, state, and ZIP code. JACKSONVILLE, FL. 32205	

Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions for Form 940 for information on completing this form.

2003

You must complete this section.

Name (as distinguished from trade name) Calendar year
HOZAE MILTON DBA FLORIDA COMMERCIAL PAYTON, INC.
 Trade name, if any Employer identification number (EIN)
MICHAEL MILTON **65-0950927**
 Address (number and street) City, state, and ZIP code
5625 VERNA BLVD., SUITE-9 JACKSONVILLE, FL. **32205**

T	
FF	
FD	
FP	
I	
T	

- A** Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) Yes No
- B** Did you pay all state unemployment contributions by February 2, 2004? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2004. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) Yes No
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If this is an Amended Return, check here (see **Amended Returns** in the separate instructions)

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4 Add lines 2 and 3		4	6600	00
5 Total taxable wages (subtract line 4 from line 1) ▶		5	600	00

Be sure to complete both sides of this form, and sign in the space provided on the back.

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2003

Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 940," and "2003" on your payment.

1 Enter your employer identification number (EIN). 65 0950927	2 Enter the amount of your payment. ▶ Dollars 19. Cents 20
	3 Enter your business name (individual name for sole proprietors). FLORIDA COMMERCIAL PAYTON, INC. / MICHAEL MILTON
	Enter your address. 5625 VERNA BLVD., SUITE-9
	Enter your city, state, and ZIP code. JACKSONVILLE, FL. 32205

Part II Tax Due or Refund

1	Gross FUTA tax. (Multiply the wages from Part I, line 5, by .062)	1	37	20					
2	Maximum credit. (Multiply the wages from Part I, line 5, by .054)	2	32	40					
3	Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name of state	State reporting number(s) as shown on employer's state contribution returns	Taxable payroll (as defined in state act)	State experience rate period From To	State experience rate	Contributions if rate had been 5.4% (col. (c) x .054)	Contributions payable at experience rate (col. (c) x col. (e))	Additional credit (col. (f) minus col. (g) If 0 or less, enter -0-	Contributions paid to state by 940 due date	
3a Totals									
3b	Total tentative credit (add line 3a, columns (h) and (i) only—for late payments, also see the instructions for Part II, line 6)						3b		
4									
5									
6	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet on page 5 of the separate instructions						6	32	40
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III						7	4	80
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year						8		
9	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions						9	4	80
10	Overpayment (subtract line 7 from line 8). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded						10		

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 7 is over \$100. See page 6 of the separate instructions.

Quarter	First (Jan. 1-Mar. 31)	Second (Apr. 1-June 30)	Third (July 1-Sept. 30)	Fourth (Oct. 1-Dec. 31)	Total for year
Liability for quarter					

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following No

Designee's name ▶ HOZAE MITTON Phone no. ▶ (904) 786-2040 Personal identification number (PIN) ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶ Hope Mitter Title (Owner, etc.) ▶ OWNER/PRES. Date ▶ 5/25/2004

Employer's Annual Federal Unemployment (FUTA) Tax Return

2003

▶ See separate instructions for Form 940 for information on completing this form.

You must complete this section. ▶

Name (as distinguished from trade name) HOZAE MILTON DBA FLORIDA COMMERCIAL PAYFON, INC.	Calendar year
Trade name, if any ALBERTO MILTON	Employer identification number (EIN) 65-0950927
Address (number and street) 5625 VERNA BLVD. SUITE-9 JACKSONVILLE, FL.	City, state, and ZIP code 32205

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- A** Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) Yes No
- B** Did you pay all state unemployment contributions by February 2, 2004? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2004. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) Yes No
- C** Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? Yes No
- If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. (Successor employers, see **Special credit for successor employers** on page 3 of the separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS website at www.irs.gov.

If you will not have to file returns in the future, check here (see **Who Must File** in the separate instructions) and complete and sign the return

If this is an Amended Return, check here (see **Amended Returns** in the separate instructions)

Part I Computation of Taxable Wages

1 Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees.	1	6000	00
2 Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2	600	00
3 Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions). Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use your state wage limitation	3	6000	00
4 Add lines 2 and 3	4	6600	00
5 Total taxable wages (subtract line 4 from line 1)	5	600	00

Be sure to complete both sides of this form, and sign in the space provided on the back.

Payment Voucher

2003

Use this voucher only when making a payment with your return.

Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number (EIN), "Form 940," and "2003" on your payment.

1 Enter your employer identification number (EIN). 65 0950927	2 Enter the amount of your payment. ▶	Dollars	Cents
		19	20
	3 Enter your business name (individual name for sole proprietors). FLORIDA COMMERCIAL PAYFON, INC. / ALBERTO MILTON Enter your address. 5625 VERNA BLVD. SUITE-9 Enter your city, state, and ZIP code. JACKSONVILLE, FL. 32205		

Part II Tax Due or Refund

1 Gross FUTA tax. (Multiply the wages from Part I, line 5, by .062)	1		37	20						
2 Maximum credit. (Multiply the wages from Part I, line 5, by .054)	2		32	40						
3 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)										
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience rate (col. (c) x col. (g))	(h) Additional credit (col. (f) minus col. (g)) If 0 or less, enter 0.	(i) Contributions paid to state by 940 due date	
			From	To						
3a Totals										
3b Total tentative credit (add line 3a, columns (h) and (i) only—for late payments, also see the instructions for Part II, line 6)								3b		
4 Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet on page 5 of the separate instructions										
								6	32	40
7 Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III								7	4	80
8 Total FUTA tax deposited for the year, including any overpayment applied from a prior year								8		
9 Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions								9	4	80
10 Overpayment (subtract line 7 from line 8). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded								10		

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 7 is over \$100. See page 6 of the separate instructions.

Quarter	First (Jan. 1-Mar. 31)	Second (Apr. 1-June 30)	Third (July 1-Sept. 30)	Fourth (Oct. 1-Dec. 31)	Total for year
Liability for quarter					

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following. No

Designee's name ▶ HOZAE MILITON Phone no. ▶ (904) 786-2040 Personal identification number (PIN) ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶ Hozae Militon Title (Owner, etc.) ▶ OWNER/BRES. Date ▶ 5/25/2004



BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Request for cancellation of Pay Telephone Certificate No. 5047 by Hozae L. Milton d/b/a Florida Commercial PayFon, and application for certificate to provide pay telephone service by Florida Commercial PayFon, Inc.

DOCKET NO. 000739-TC
ORDER NO. PSC-00-1444-PAA-TC
ISSUED: August 10, 2000

The following Commissioners participated in the disposition of this matter:

J. TERRY DEASON, Chairman
E. LEON JACOBS, JR.
LILA A. JABER

NOTICE OF PROPOSED AGENCY ACTION ORDER
CANCELLING PAY TELEPHONE CERTIFICATE NO. 5047
AND GRANTING CERTIFICATE NO. 7545 TO PROVIDE
PAY TELEPHONE SERVICE

BY THE COMMISSION:

NOTICE is hereby given by the Florida Public Service Commission that the action discussed herein is preliminary in nature and will become final unless a person whose interests are substantially affected files a petition for a formal proceeding, pursuant to Rule 25-22.029, Florida Administrative Code.

Hozae L. Milton d/b/a Florida Commercial PayFon, holder of Pay Telephone (PATS) Certificate of Public Convenience and Necessity No. 5047, has requested that Certificate No. 5047 be cancelled and applied for a certificate to provide PATS service pursuant to Section 364.3375, Florida Statutes, for its company, Florida Commercial PayFon, Inc.

Hozae L. Milton d/b/a Florida Commercial PayFon has complied with the provision of Rule 25-24.514(2), Florida Administrative Code, by providing adequate notice in writing of its request for cancellation of its Pay Telephone certificate and by submitting its regulatory assessment fees for 1999. Accordingly, we find it appropriate to cancel PATS Certificate No. 5047.

DOCUMENT NUMBER DATE

09655 AUG 10 8

Hozae L. Milton d/b/a Florida Commercial PayFon shall return its certificate to this Commission. In addition, under Section 364.336, Florida Statutes, certificate holders must pay a minimum annual regulatory assessment fee of \$50 if the certificate was active during any portion of the calendar year. A Regulatory Assessment Fee Return notice for the year 2000 will be mailed to Hozae L. Milton d/b/a Florida Commercial PayFon; however, neither the cancellation of its certificate nor the failure to receive its Regulatory Assessment Fee Return notice for the year 2000 shall relieve Hozae L. Milton d/b/a Florida Commercial PayFon from its obligation to pay due and owing regulatory assessment fees.

Upon consideration of Florida Commercial PayFon, Inc.'s application, it appears to be in the public interest to grant PATS Certificate No. 7545 to Florida Commercial PayFon, Inc.

If this Order becomes final and effective, it shall serve as Florida Commercial PayFon, Inc.'s certificate. It should, therefore, be retained as proof of certification. The effective date of the cancellation of Certificate No. 5047 will be the same effective date as the new Certificate No. 7545 to avoid a break in service.

Non-local exchange company Pay Telephone service providers are subject to Chapter 25-24, Florida Administrative Code, Part XI, Rules Governing Pay Telephone Service Provided by Other Than Local Exchange Telephone Companies. They are also required to comply with all applicable provisions of Chapter 364, Florida Statutes, and Chapter 25-4, Florida Administrative Code.

Based on the foregoing, it is

ORDERED by the Florida Public Service Commission that the request by Hozae L. Milton d/b/a Florida Commercial PayFon to cancel Pay Telephone Certificate No. 5047 is hereby approved. It is further

ORDERED that Hozae L. Milton d/b/a Florida Commercial PayFon shall return his certificate and remit all due and owing regulatory assessment fees for the year 2000. It is further

ORDERED that we hereby grant to Florida Commercial PayFon, Inc. Certificate No. 7545 to provide Pay Telephone service, subject to the terms and conditions specified in the body of this Order. It is further

ORDER NO. PSC-00-1444-PAA-TC
DOCKET NO. 000739-TC
PAGE 3

ORDERED that this Order shall serve as Florida Commercial PayFon, Inc.'s certificate and this Order should be retained as proof of certification. It is further

ORDERED that the provisions of this Order, issued as proposed agency action, shall become final and effective upon the issuance of a Consummating Order unless an appropriate petition, in the form provided by Rule 28-106.201, Florida Administrative Code, is received by the Director, Division of Records and Reporting, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, by the close of business on the date set forth in the "Notice of Further Proceedings or Judicial Review" attached hereto. It is further

ORDERED that in the event this Order becomes final, this Docket shall be closed.

By ORDER of the Florida Public Service Commission, this 10th day of August, 2000.

BLANCA S. BAYÓ, Director
Division of Records and Reporting

By: Kay Flynn
Kay Flynn, Chief
Bureau of Records

(S E A L)

PW

NOTICE OF FURTHER PROCEEDINGS OR JUDICIAL REVIEW

The Florida Public Service Commission is required by Section 120.569(1), Florida Statutes, to notify parties of any administrative hearing that is available under Section 120.57, Florida Statutes, as well as the procedures and time limits that apply. This notice should not be construed to mean all requests for an administrative hearing will be granted or result in the relief sought.

Mediation may be available on a case-by-case basis. If mediation is conducted, it does not affect a substantially interested person's right to a hearing.

The action proposed herein is preliminary in nature. Any person whose substantial interests are affected by the action proposed by this order may file a petition for a formal proceeding, in the form provided by Rule 28-106.201, Florida Administrative Code. This petition must be received by the Director, Division of Records and Reporting, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, by the close of business on August 31, 2000.

In the absence of such a petition, this order shall become final and effective upon the issuance of a Consummating Order.

Any objection or protest filed in this docket before the issuance date of this order is considered abandoned unless it satisfies the foregoing conditions and is renewed within the specified protest period.