

ORIGINAL DEPOSIT DATE

4 9 1 AUG 1 8 2004

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

Initials of person who forwarded check:

CK# 1003
CK \$ 100.00
8-17-04

1. Name of company or name of individual (not fictitious name or d/b/a):

Florida EZ Link

RT

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

Florida EZ Link

3. Official mailing address:

Street: 8813 Viking Lane

P.O. Box: MA

City: Lakeland

State: FL

Zip: 33809

RECEIVED - FPSC
AUG 17 PM 1:35
COMMISSION CLERK

4. Florida address:

Street: 8813 Viking Lane

P.O. Box: N/A

City: Lakeland

State: FL

Zip: 33809

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other:

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: FD4000107331

EEM 72-1584650

Form PSC/CMU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511

File Name: cmu-32.doc

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