

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

RECEIVED-FPSC
SEP-3 AM 9:57
COMMISSION
CLERK

DATE: September 3, 2004

TO: Kay B. Flynn, Chief of Records, Division of the Commission Clerk & Administrative Services

FROM: Stanley D. Rieger, Utility Systems/Communications Engineer, Division of Economic Regulation *SDR*

RE: Doc. #040388-WU -- Application for amendment of Certificate 363-W in Marion County by Sunshine Utilities of Central Florida, Inc.

The utility has submitted a \$200 application fee with the above mentioned amendment case. Pursuant to Rule 25-30.020 Florida Administrative Code, it appears that the fee should have been \$100. The utility has inquired about getting a refund of \$100. Please send the appropriate material to the utility in order for it to formally request a refund.

Thank you.

Attachment:

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

to start the process
09/03/04
Kim P

DOCUMENT NUMBER-DATE

09682 SEP-3 04

FPSC-COMMISSION CLERK

ORIGINAL 040388-WU

APPLICATION FOR AMENDMENT OF CERTIFICATE
(EXTENSION OR DELETION)
(Pursuant to Section 367.045, Florida Statutes)

CK# 30353
CK \$ 200.⁰⁰

To: Director, Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
Tallahassee, Florida 32399-0850

POST DATE
462 MAY - 3 2004

4-28-04
RT

The undersigned hereby makes application for amendment of Water Certificate No. 363W
and/or Wastewater Certificate No. to (add or delete) territory located in
 County, Florida, and submits the following information:

PART I APPLICANT INFORMATION

A) The full name (as it appears on the certificate), address and telephone number of
the applicant:

Sunshine Utilities of Central Florida Inc.

Name of utility

(352) 347-8228

Phone No.

(352) 347-6915

Fax No.

10230 East Highway 25

Office street address

Belleview

FL

34420

City

State

Zip Code

Mailing address if different from street address

Internet address if applicable

B) The name, address and telephone number of the person to contact concerning
this application:

Dewaine Christmas

Name

(352) 34708228

Phone No.

10230 East Highway 25

Street address

Belleview

FL

34420

City

State

Zip Code

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC I

PSC/ECR 008-W (Rev. 2/91)

04 APR 30 AM 11:04

DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE

05032 APR 30 03

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