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****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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

Initials of person who forwarded check
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1. Name of company or name of individual (not fictitious name or d/b/a):
MARK A. LAIN + KATHRYN L. LAIN

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

3. Official mailing address:
Street: 51 PINTAIL LANE
P.O. Box: _____
City: WOODBINE
State: GA. Zip: 31569-3801

4. Florida address:
Street: NO FLORIDA ADDRESS
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual SOLE PROPRIETORSHIP
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

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

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: G04265900249

8. F.E.I. Number (if applicable): 542157552

9. If individual, provide:

Name: MARK A. LAIN + KATHRYN

Title: OWNER(S)

Address: 51 PINTAIL LANE

City/State/Zip: WOODBINE, GA 31569-3801

Telephone No.: 912-729-3028 Fax No.: 912-576-9669

Internet E-Mail Address: MKL@TDS.NET (LOWER CASE)

Internet Website Address: N/A

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

a. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: N/A
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: MARK A. LAIN
Title: OWNER
Address: 51 PINTAIL LANE
City/State/Zip: WOODBINE, GA. 31569-3801
Telephone No.: 912-729-3028 Fax No.: 912-~~729~~-576-9669
Internet E-Mail Address: MKL@TDS.NET (LOWER CASE)
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: SAME AS ABOVE
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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: NONE

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.

No

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.

No

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

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

NONE

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

No

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

No

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

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) ATTACHED TO A PUBLIC ACCESS INTERNET MACHINE.

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 5

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) REPAIR TECH WHEN REQUIRED

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: _____

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: _____

****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:

<u>MARK A. LAIN</u>	<u>Mark A. Lain</u>
Print Name	Signature
<u>OWNER</u>	<u>9/30/2004</u>
Title	Date
<u>912-729-3028</u>	<u>912-576-9669 (H)</u>
Telephone No.	Fax No.
Address: <u>51 PINTAIL LANE</u>	
<u>WOODBINE, GA. 31569-3801</u>	

****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>MARK A. LAIN</u> Print Name	<u>Mark A Lain</u> Signature
<u>OWNER</u> Title	<u>9/30/04</u> Date
<u>912-729-3028</u> Telephone No.	<u>912-576-9669</u> Fax No.
Address:	<u>51 PINTAIL LANE</u>
	<u>WOODBINE, GA. 31569-3801</u>
	<u> </u>
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	<u> </u>

****APPLICANT ACKNOWLEDGMENT****

Applicant: MARK A. LAIN

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

MARK A. LAIN Mark A. Lain
Print Name Signature

OWNER 9/30/04
Title Date

912-729-3028 912-576-9669
Telephone No. Fax No.

Address: 51 PINTAIL LANE
WOODBINE, GA. 31569-3801

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.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 21, 2004

MKL ENTERPRISES
51 PINTAIL LANE
WOODBINE, GA 31569

Subject: **MKL ENTERPRISES**

REGISTRATION NUMBER: **G04265900249**

This will acknowledge the filing of the above fictitious name registration which was registered on September 21, 2004. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Fictitious Name Section
Division of Corporations

Letter No. 004A00055727

State of Florida



Department of State

I certify from the records of this office that MKL ENTERPRISES is a Fictitious Name registered with the Department of State on September 21, 2004.

The Registration Number of this Fictitious Name is G04265900249.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-first day of September, 2004



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of MKL ENTERPRISES, registered with the Department of State on September 21, 2004, as shown by the records of this office.

The Registration Number of this Fictitious Name is G04265900249.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-first day of September, 2004



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DOCUMENT# G04265900249

Fictitious Name to be Registered: MKL ENTERPRISES

Mailing Address of Business: 51 PINTAIL LANE
WOODBINE, GA 31569

Florida County of principal place of business: MULTIPLE

FEI Number: 54-2157552

FILED
Sep 21, 2004
Secretary of State

Owner(s) of Fictitious Name:

LAIN, KATHRYN L
51 PINTAIL LANE
WOODBINE, GA 31569 US

LAIN, MARK A
51 PINTAIL LANE
WOODBINE, GA 31569 US

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

MARK A. LAIN KATHRYN L. LAIN

09/21/2004

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested (X)