

000106-16

**ORIGINAL**

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

**Florida Public Service Commission**  
(See Filing Instructions on Back of Form)

TH026-04-0-R  
 Florida EZ Link Inc. *050106-TL*  
 8813 Viking Lane  
 Lakeland, FL 33809-1752  
 534 FEB 7 2005

**FOR PSC USE ONLY**

Check#  
 \$ 53.00 06-03-001  
 003001  
 \$ 2.50 P 06-03-001  
 004011  
 \$ 50 I  
 Postmark Date 2-2-05  
 Initials of Preparer PT

PERIOD COVERED:  
 10/25/2004 TO 12/31/2004

*Records / Paula*

Please Complete Below If Official Mailing Address Has Changed

Florida EZ Link (Name of Company) 8813 Viking Lane (Address) Lakeland, FL 33809 (City/State) 33809 (Zip)

LINE NO.	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)		<u>CMP</u> <u>COM</u> <u>CTR</u> <u>EGR</u> <u>GCL</u> <u>OPC</u> <u>MMS</u> <u>RCA</u> <u>SCR</u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$	
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)		
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.	<b>TOTAL AMOUNT DUE</b>	\$	

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

9. Number of pay telephones in operation at close of period covered by this Return

\* These amounts 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.

Michelle J. Gale  
 (Signature of Company Official)

Owner (Title) 1-21-05 (Date)

Telephone Number 813 815-9329 Fax Number ( )

(Preparer of Form - Please Print Name)

DOCUMENT NUMBER-DATE

F.E.L. No. 01336 FEB-7 05

Date: 1-31-05

To: Florida Public Service Commission

From: Michelle Foley

Please cancel my certificate with the State of Florida. I no longer need or want the certificate through the State. I am no longer in business in the state of Florida or any other state. If you have any questions please call me at (863) 815-9329 or (863) 858-8220 option 5.

Sincerely,

Michelle Foley

P.S. Enclosed is a check for \$56.00. Fee + late fee of \$6.00 for 2004. I will send the additional \$50.00 for 2005 in (2) weeks.



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