

ORIGINAL

State of Florida

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Public Service Commission

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

COMMISSION
CLERK

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

DATE: March 24, 2005

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Kiwanis L. Curry, Regulatory Analyst I, Division of Competitive Markets & Enforcement *KLC*

RE: Docket No. 050186-TC

Please add the following pages to the docket file. The company would like to amend its application for a certificate to provide pay telephone services. The company no longer would like to use Space Coast RV Resort as its D/B/A.

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

DOCUMENT NUMBER-DATE

02908 MAR 24 05

FPSC COMMISSION CLERK

Mar. 24, 2005

I, Robert W. Pugh, wish to amend Page 1 Line 2, to myself,
Robert W Pugh , an individual, rather than Space Coast RV
Resort.

A handwritten signature in black ink on a light gray background. The signature is written in a cursive style and clearly reads "Robert W. Pugh". The signature is slanted upwards from left to right.

*Address
9/24/05*

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

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

3. Official mailing address:
Street: 820 Barnes Blvd.
P.O. Box: _____
City: Rockledge
State: Florida Zip: 32955

4. Florida address:
Street: 820 Barnes Blvd.
P.O. Box: _____
City: Rockledge
State: Florida Zip: 32955

5. Structure of organization:
 Individual
 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: _____