

ORIGINAL

DEPOSIT DATE
562 MAY 2 2005

CHK# 17020293

CHK \$ 100.00

5-16-05

RT

****ACKNOWLEDGMENT****

050372-TC

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."

RECEIVED FPSC
MAY 24 AM 8:38
COMM. CLERK

UTILITY OFFICIAL:

Christopher Vellanti

Print Name

Signature

owner

Title

May 11, 2005

Date

727-643-6431 or 727-692-2300

Telephone No.

813-828-5993

Fax No.

Address:

4321 56 AV. North

St. Petersburg FL 33714

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

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

3. Official mailing address:
Street: 4321 56 Av. North
P.O. Box: _____
City: St. Petersburg
State: Florida Zip: 33714

4. Florida address:
Street: _____
P.O. Box: 3254
City: Apello Beach
State: Fla. Zip: 33572

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: _____

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: _____

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

9. If individual, provide:

Name: Christopher Vellanti

Title: owner

Address: 4321 56 Av. North

City/State/Zip: St. Petersburg Florida 33714-1622

Telephone No.: 727-643-6431 Fax No.: 813-828-5993

Internet E-Mail Address: _____

Internet Website Address: _____

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

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

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

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

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

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

LOCAL
 LONG DISTANCE
 COIN
 CALLING CARD
 CREDIT CARD
 OTHER (Describe) _____

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

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) _____
- _____
- _____
- _____

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:

Christopher Vellanti
Print Name


Signature

owner
Title

May 11, 2005
Date

727-643-6431 or 727-692-2300 813-828-5993
Telephone No. Fax No.

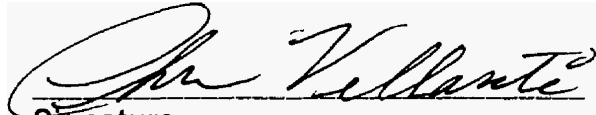
Address: 4321 56 Av. North
St. Petersburg FL 33714

****APPLICANT ACKNOWLEDGMENT****

Applicant: _____

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

Christopher Vellanti
Print Name


Signature

owner
Title

May 11, 2005
Date

727-643-6431 or 727-692-2300
Telephone No.

813-828-5993
Fax No.

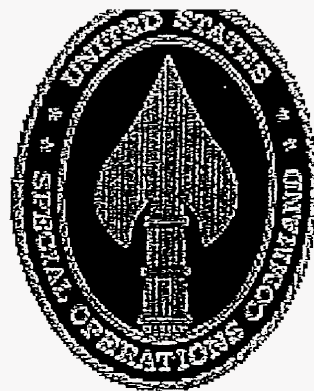
Address: 4321 56 Ave North
St. Petersburg Fl. 33714

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.

UNITED STATES
SPECIAL OPERATIONS COMMAND

RESERVE COMPONENT OFFICE

7701 Tampa Point Blvd.
MacDill AFB, Fl. 33621-5323



Facsimile Transmittal Header Sheet

FROM

TO

C. J. Jeltz

NAME: *Verizon*

Office Symbol:

Organization:

Phone Number: *813-828-7655*

Office Symbol:

FAX Number:

Phone Number:

DSN:

When transmitting a message to this headquarters, please include the addressee's office phone number.

e-mail #1

e-mail #2

C

phone line hook
Dear Verizon,

please hook up the phone line at

4321 56th AVE N St. Pete FL 33714.

My manager there is Ruthie at 727-692-2300. Please call her to set up appointment for tomorrow. My SS # is 262-79-4689.

My address at home is *C. Jeltz*
~~6551~~ PO Box 7254
Apollo Beach FL
33572

Thanks,

C. Jeltz

call 727-643-6431.

PSP MASTER RECORD



Sole Proprietor

Highland Mobile Home Park
 Full Legal Name of Business (Maximum 25 spaces) as submitted for dial around

4321 56th Ave N St Pete FL 33714
 Street Address City State Zip

1975 MH Park Ruthie Dailey 727-525-9032
 Date Established Type of Business Contact Person & Title 727-692-2300

(727) 692-2300 (813) 828-5993
 Business Contact Person Telephone Number Fax Number

(727) 525-9032 cvellanti@aol.com
 Contact Person's Home Telephone Number Internet Address

ruthdailey9@aol.com

FEDERAL AND/OR STATE TAX EXEMPTION FORM



I hereby certify that all of the charges for Public Access telephone service billed under the telephone number and/or numbers attached are issued as re-seller of telephone service and not for private purposes; that the charges will be paid from funds, and as such are exempt from the tax imposed by the Excise Tax Technical Changes Act of 1966.

Federal I.D. # _____ Exempt Yes _____ No _____

State I.D. # _____ Exempt Yes _____ No _____

Local municipal surcharges and fees are not tax exempt.

State of: Florida Each state will need a signed document for exemption.

Business Name: Highland Mobile Home Park

Business Address: 4321 56th Ave N

City, State, Zip: St Pete FL 33714

Signature of Authorized Individual and/or Corporation: _____

Signing of this document, states to Verizon, that the above signed party has notified either the IRS and/or State Government of this intent of Tax Exemption.

The undersigned understands that the fraudulent use of this certificate for the purpose of securing this exemption will subject him and/or her and all guilty parties to a fine of not more than \$10,000, or to imprisonment for not more than five years, or both, together with costs of prosecution.

VERIZON APPLICATION FOR PAYPHONE SERVICE PROVIDER (PSP)



Return to: Verizon NPCC 110 E. Monroe MC:ILLBMH Bloomington, IL 61701
Email address: NPCC@verizon.com Internet address: www.verizon.com/psppnetwork
Fax 800-483-4534

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Highland Mobile Home Park 727-692-2300 4 May 2005
 Location Business Name On-site Business Tele # Nearest Date Desired
4321 56th Ave N St Pete FL 33714
 Street Address City State Zip
Hookupline Ruthie Dailey 24/7
 Installation ANI # On-site contact name Site access hours
 Move

On-site location of equipment (for 911 service) Indoor/Outdoor Outdoor # Lines Requested 1

VENDOR INFORMATION: (Blanket Agency Agreement) Sent: Attached

Highland Mobile Home Park 4321 56th Ave N St Pete FL 33714
 Business Name (25 character limit) Billing Address City State Zip
Ruthie Dailey 727-692-2300 813-828-5993
 Pay Phone Provider Contact Name Telephone # Fax #

Docket # Certificate # PUC certification letter: Sent Attached: (If required)
Christopher Vellanti cvellanti@aol.com Composite Bill #: Y or N
 Responsible Party For Bill Email Address Tax Exempt Yes or No
ruthdailey9@aol.com On File Fed State
 Gross Receipts (FL only)

SERVICES REQUESTED

Telephone number to be listed in directory? Yes or No Directory delivery: Site Address Billing Address
If yes, contact name/tele # to verify listing information

Requested demarc location (please be specific) Time & Material Charges may apply - varies by state (see page 5)

	YES	NO	TYPE:
Inbound Call Operator Screening	___	___	___ COIN (Smart phone)
Outbound Call Operator Screening	___	___	___ COINLESS
900/976 Block	___	___	___ COPTCOIN (Dumb phone)
International Call Block	___	___	___ INMATE
Answer Supervision	___	___	If optional:
Pay-per-use Deny (where available)	___	___	MEASURED ___ FLAT ___
1 + Block (where available)	___	___	ONE-WAY ___ TWO-WAY ___
			7-DIGIT BLOCK: Yes ___ or No ___ (where available)

Carrier Name & PIC Code InterLATA
Carrier Name & PIC Code IntraLATA
Restricted: Yes ___ or No ___ If yes, is Restricted PIC form Attached ___ or On File ___

7005 0390 0001 5191 2454

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7005 0390 0001 5191 2454



UNITED STATES
POSTAL SERVICE

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U.S. POSTAGE
PAID
PINELLAS PARK, FL
33781
MAY 16 05
AMOUNT

\$3.82
00075421-03

Christopher Kellert
4321 56 Av. N. Lot #18
St. Petersburg Fla.
33714

To: Florida Public Service Commission

Division of the Commission Clerk & Administrative Serv.

2540 Shumard Oak Blvd.

Tallahassee, Fl. 32399-0850