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FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

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APPLICATION FORM  
for

AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA

CK# 1085  
CK # 250.9  
3-2-06  
RT

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).
- F. If you have questions about completing the form, contact:

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

FORM PSC/CMP-32 (01/06)  
 Required by Commission Rule Nos. 25-24.511  
 and 25-24.512

Note: To complete this interactive form  
 using your computer, use the tab key  
 to navigate between data entry fields.

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1. This is an application for (check one):

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

**Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

**Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: SILVER SPRINGS SHORES TELCO

3. Name under which applicant will do business (fictitious name, etc.):

SILVER SPRINGS SHORES TELCO

4. Official mailing address:

Street/Post Office Box: P.O. BOX 830342  
City: OCALA  
State: FL  
Zip: 34483-0342

5. Florida address:

Street/Post Office Box: P.O. BOX 830342  
City: OCALA  
State: FL  
Zip: 34483-0342

6. Structure of organization:

Individual  
 Foreign Corporation  
 General Partnership  
 Other,

Corporation  
 Foreign Partnership  
 Limited Partnership

7. **If individual**, provide:

Name: RONNIE THAD BEASLEY  
Title: OWNER  
Street/Post Office Box: 7034 HEMLOCK COURSE  
City: OCALA  
State: FL  
Zip: 34472  
Telephone No.: 352-207-3004  
Fax No.:  
E-Mail Address: silverspringsshorestelco@yahoo.com  
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: G06046900040

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

Name:  
Title:  
Street/Post Office Box:  
City:  
State:  
Zip:  
Telephone No.:  
Fax No.:  
E-Mail Address:  
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable):

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: RONNIE BEASLEY  
Title: OWNER  
Street name & number: 7034 HEMLOCK COURSE  
Post office box:  
City: OCALA  
State: FL  
Zip: 34472  
Telephone No.: 352-207-3004  
Fax No.:  
E-Mail Address: silverspringsshorestelco@yahoo.com  
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name: SAME  
Title:  
Street name & number:  
Post office box:  
City:  
State:  
Zip:  
Telephone No.:  
Fax No.:  
E-Mail Address:  
Website Address:

(c) Complaints/Inquiries from customers:

Name: SAME  
Title:  
Street/Post Office Box:  
City:  
State:  
Zip:  
Telephone No.:  
Fax No.:  
E-Mail Address:  
Website Address:

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

NONE

(b) has applications pending to be certificated as a Pay Telephone Service provider.

NONE

(c) is certificated to operate as a Pay Telephone Service provider.

NONE

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

NONE

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved. Explain circumstances.

NONE

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NONE

(b) 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.

NONE

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NONE

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

**RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

**APPLICANT ACKNOWLEDGEMENT:** By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I 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.

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.**"

Company Owner or Officer

Print Name: RONNIE THAD BEASLEY  
Title: OWNER  
Telephone No.: 352-207-3004  
E-Mail Address: silverspringsshorestelco@yahoo.com

Signature: *Ronnie Thad Beasley*

Date: 2-27-06

**CERTIFICATE SALE, TRANSFER,**  
**OR**  
**ASSIGNMENT STATEMENT**

As current holder of Florida Public Service Commission Certificate Number \_\_\_\_\_, I have reviewed this application and join in the petitioner's request for a

sale

transfer

assignment

of the certificate.

**Company Owner or Officer**

Print Name:

Title:

Street/Post Office Box:

City:

State:

Zip:

Telephone No.:

Fax No.:

E-Mail Address:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_