

060189-TC

FOR PSC USE ONLY

06-03-001

4331

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/09/2006

TE810-05-0-R

1 1

STATUS:

Actual Return

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

Amo	mated Return ended Return COVERED:	Barbara S. Zajack 4111 89th Avenue, N. Pinellas Park, FL 33782-5800	003001 s 0.50 P 06-03-001 004011
	TO 12/31/2005	6 3 3 MAR 0 9 20 14 Please Complete Below If Official Mailing Address Has Changed	Postmark Date 228-06 Initials of Preparer
Tr	OCCOLTE (Name of Company)	replant 411189 are fix	City/State) City/State) 3378
LINE NO.		ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating	Revenue (Florida)	\$ 910
2.	Gross Intrastate	Revenue	
3.	LESS: Amounts (see "2. Fees" on	Paid to Other Telecommunications Companies (1) back)	(<u>560.0</u>)
4.	TOTAL REVE	NUES for Regulatory Assessment Fee Calculation 3)	\$ 58.00
5.	Regulatory Asse	ssment Fee Due - (Multiply Line 4 by 0.0020)	<u>, , , , , , , , , , , , , , , , , , , </u>
6.	Penalty for Late	Payment (see "3. Failure to File by Due Date" on back)	3.00
7.	Interest for Late	Payment (see "3. Failure to File by Due Date" on back)	
8.	Extension Payme	ent Fee (see "4. Extension" on back)	
9.	TOTAL AMOU	UNT DUE (MINIMUM \$50.00)	\$ 53.00 (2)
10.	Number of pay to this Return	elephones in operation at close of period covered by	10) on at
		be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back). ss operating revenue of a company, a minimum annual regulatory assessment fee of rida Statutes.	
information	is a true and correct statem	of the above-named company, have read the foregoing and declare that to the bient. I am aware that pursuant to Section 837.06, Florida Statutes, whoever known the performance of his official duty shall be guilty of a misdemeanor of the second	ngly makes a false statement in writing with
0	L'oraclic	y Official) (Title)	$\frac{2-21-06}{2}$
BA (P	(Signature of Compan R R R R S . reparer of Form - Pleas	e Print Name) Telephone Number 727 517-1011	Fax Number ()
	1006 (Part 01/05)	F.E.I. No. 910- 05-0-	•
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Jo Whom I may Concern: I have closed my tolophore do - a most for as conicand please cancel my Cartifacent a Deose remove me from all Tax basis. Ja 2005, Despirat fred mondered mo le Mail, my legitatory assessment fee, of \$50.00 plus late fees of \$3.00 thank you Daibona 2 Joyade TE 810-05-D-D