

ORIGINAL

Records
Paula

TF091-2006

060223-TC

RECEIVED DA
636 MAR 13 2006

CK# 36801

CK# 50.00

3-8-06

RT

February 28, 2006

Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

Reference: Cancellation U.S. Coastelcom, Inc. TF091-05-0-R

Please remove U.S. Coastelcom from your records, as the company is not in the payphone business since 2004.

Our check is enclosed for \$106 per instructions from David Brown in your office, as there was no documentation to cancel effective 2005. The check is for \$50.00 for each year 05 & 06 and a \$6.00 fee.

Should you have any questions, please contact Denise Parker at 813-265-3973.

Thank you.

Thomas L. Mayer

Thomas L Mayer
President
U.S. Coastelcom

COMMISSION
CLERK

06 MAR 13 AM 9:09

RECEIVED-FPSC

DISTRIBUTION CENTER
2006 MAR 10 AM 8:35

DOCUMENT NUMBER-DATE

02119 MAR 13 8

FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

2006
Records + Paula
(Name of Company)

(See Filing Instructions on Back of Form)
TF091-05-0-R
U.S. Coastelcom, Inc.
3814 Gunn Highway, Suite B
Tampa, FL 33618-8789
636 MAR 13 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	<u>36701</u>
\$	<u>50.00</u> 06-03-001 003001
\$	<u>5.00</u> P 06-03-001 004011
\$	<u>1.00</u> I 06-03-001 004011
Postmark Date	<u>3-8-06</u>
Initials of Preparer	<u>RT</u>

(Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 .0020)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>100.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

*50.00 - year 2005
50.00 - 2006*

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

Thomas L. Mayer (Signature of Company Official) President (Title) 2-28-06 (Date)
Denise Parker (Preparer of Form - Please Print Name) Telephone Number 813-265-3973 Fax Number 813-265-4750