

State of Florida



ORIGINAL

Public Service Commission

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

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

DATE: July 27, 2006
TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director
FROM: Kiwanis L. Curry, Regulatory Analyst I, Division of Competitive Markets & *KLC*
 Enforcement
RE: Docket No. 060405-TS: Application for certificate to provide shared tenant telecommunications service by Four Points Utility Corporation.

Please add the attached shared tenant application to the docket file. This application amends the initial application that was submitted.

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

DOCUMENT NUMBER - DATE

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FPSC - COMMISSION CLERK

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: Four Points Utility Corporation

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

Four Points Utility Corporation

4. Official mailing address:

Street/Post Office Box: 101 Golden Malay Palm Way
City: Davenport
State: FL
Zip: 33897-8602

5. Florida address:

Street/Post Office Box: 101 Golden Malay Palm WaySame
City: Davenport
State: FL
Zip: 33897-8602

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

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

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: P04000012816

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

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: N/A

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

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

Name: N/A
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: N/A

14. Provide **F.E.I. Number**(if applicable): 20-4163128

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes No

(b) If not, who will bill for your services?

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

(c) Who will the billed party contact to ask questions about the bill?

Name: Charlen Martin
Title: Bookkeeper
Telephone No.: 863-424-0130 ext. 137
E-Mail Address: cmartin@hideaway.net

(d) How is this information provided? In person, by phone, email and fax.

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

(a) The application:

Name: David Meadows
Title: President
Street name & number: 101 Golden Malay Palm Way
Post office box:
City: Davenport
State: FL
Zip: 33897-8602
Telephone No.: 863-424-0130
Fax No.: 863-547-1729
E-Mail Address: david@assuredrecord.com
Website Address:

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

Name: ^{David Meadows} ~~Four Points Utility Corporation~~
Title: President
Street name & number: 101 Golden Malay Palm Way
Post office box:
City: Davenport
State: FL
Zip: FL
Telephone No.: 863-424-0130
Fax No.: 863-547-1729
E-Mail Address: david@assuredrecord.com
Website Address:

(c) Complaints/Inquiries from customers:

Name: Charlene Martin
Title: Bookkeeper
Street/Post Office Box: 101 Golden Malay Palm Way
City: Davenport
State: FL
Zip: FL
Telephone No.: 863-424-0130
Fax No.: 863-547-1729
E-Mail Address: cmartin@hideaway.net
Website Address:

17. List the states in which the applicant:

(a) has operated as an Shared Tenant Service provider.

Florida

(b) has applications pending to be certificated as an Shared Tenant Service provider.

Florida

(c) is certificated to operate as an Shared Tenant Service provider.

None

(d) has been denied authority to operate as an Shared Tenant Service provider and the circumstances involved.

None

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

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

18. 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 shared tenant services certificate in the State of Florida (this includes active and canceled shared tenant services 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

19. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

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 shared tenant service (STS) 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: David Meadows

Title: President

Telephone No.: 863-424-0130

E-Mail Address: david@assuredrecord.com

Signature: _____

Date: 7-26-06

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

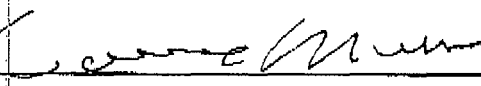
As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

of the certificate.

Company Owner or Officer

Print Name: David Meadows
Title: President
Street/Post Office Box: 101 Golden Malay Palm Way
City: Davenport
State: FL
Zip: 33897-8602
Telephone No.: 863-424-0130
Fax No.: 863-547-1729
E-Mail Address: david@assuredrecord.com

Signature: 

Date: 7-26-06