

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 8/28/2006

Docket No.: 060576-IT

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of The Commission Clerk And Administrative Services

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 8421 by Gregory R. Sharp d/b/a Sharp Pay Phones, effective December 31, 2005.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

07883 AUG 28 8
G:\est.doc

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TG978-05-0-R
 Sharp Pay Phones
 2223 Merrill Avenue
 Jacksonville, FL 33207-3528

603 JAN 1 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 5485868965

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-7-06

Initials of Preparer RT

Sharp Pay Phones 2223 Merrill Ave Jax FL 32207

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>50.00</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	<u>(50.00)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) <u>went out of BUSINESS</u> <u>FN. 2005</u>	\$ <u>5</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>1</u>

(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.

Gregory Sharp OWNER 12/29/05
 (Signature of Company Official) (Title) (Date)

Gregory Sharp Telephone Number (904) 396-6769 Fax Number _____
 (Preparer of Form - Please Print Name)

F.E.I. No. _____