REQUEST TO ESTABLISH DOCKET (Please Type)										
Date:	1/9/2008		Docket No.:	080034-76						
1. Divisio	on Name/Staff Name:	Division Of Competitive M	arkets & Enforce	ement/Isler						
2. OPR:										
3. OCR:	Office Of The General Counsel									
4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 4208 by Dependable Security Systems, Inc., effective December 31, 2007.										
 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

Pay Telephone Service Provider Regulatory Assessment Fee Return

(20) 4 (1) 7 7	~	Florida	Public Service Co	ommission		SC USE ONL	Y		
Actual Return Estimated Return Amended Return		TF412-07-0-R	CHECK#	Clieck #					
			\$ 100.0	\$ 100.00					
		10845 N.E. 10	curity Systems, In		s	003001 \$ E			
	ended Return	1							
PERIOI	D COVERED:	Miami, FL 33	740	JAN 0 8 2008	\$	P	06-03-001		
01/01/20	007 TO 12/31/2007	CANC	E C		\$	1			
-00	O. J	PULASE	CANCEL	AS OF	Postmark Date _	1208	ļ		
Lucy.	culo	[-	-1-08 a	ela.	Initials of Prepare		-		
Q	and and a	Please Complete 1	Below If Official Mailing	Address Has Changed					
`									
	(Name of Company)		(Address)		(City/State)		(Zip)		
LINE									
NO.		ACCOUNT C	CLASSIFICATION		_	AMOUN'	Γ		
1.	Gross Operating	\$	\$						
	Gross Operating Revenue (Florida)								
2.	Gross Intrastate F		<u></u>						
3.	LESS: Amounts (see "2. Fees" on	(_	0)					
4.	TOTAL REVEN								
	(Line 2 less Line).	3)	n E		\$_				
5.	5. Regulatory Assessment Fee Rue - (Multiply Line 4 by 0.0020)								
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)								
0.	Penalty for Late	rayment (see3.	Failure to File by	Due Date" on back;	_				
7.	Interest for Date F		<u> </u>						
8.	Extension Payment Fee (see "4. Extension" on back)					0			
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)					100	(2)		
10.	Number of pay te	lephones in opera	ation at close of pe	eriod covered by	_				
	(1) These amounts must b (2) Regardless of the gros Section 364.336, Flori	s operating revenue of a		s" on back). al regulatory assessment fee	of \$100 shall be impo	osed as provide	d in		
information	indersigned owner/officer of is a true and correct stateme mislead a public servant in the	nt. I am aware that purs	uant to Section 837.06, Flo	orida Statutes, whoever know	vingly makes a false	lge and belief statement in w	the above		
	/ Der) e	Poon	37 110 000011		1-1-09	<u>}</u>		
	(Signature of Company	Official)		(Title)		(Date)			
	A. Duna	-	Telephone Number	(305944-15	Fax Number ()			
(Pr	reparer of Form - Please	Print Name)	ABER-DATE						
				-2007 HC					
		00247	JAN -Y &						

MCD Company Information for TF412

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TF412

Dependable Security Systems, Inc. Dependable Security Systems, Inc. 4208

Company Code: Complete Name: Mailing Name: Certificate No(s): Status: Active 07/25/1995 Regulation Date:
Bankruptcy:
Company Liaison #1:
Title: No

Anthony Duva President

10845 N.E. 10th Place Mailing Address:

Miami, FL 33161-7303 10845 N.E. 10th Place Physical Location:

Miami, FL 33161-7303 (305) 944-1507

Phone:

Fax:

Related Dockets:

Application for certificate to provide pay telephone service by Dependable Security Systems, Inc. 950540-TC