

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

RECEIVED-FPS
10 FEB -3 AM 9:40
COMMISSION
CLERK

Date:	2/3/2010	Docket No.:	100060-TC
1. From Staff / Division:	Pruitt/ Rad 8		
2. OPR:	RAD/Pruitt		
3. OCR:	GCL		
4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 7751 by Bhavanaben S Patel and Sureshchandra S Patel d/b/a Cozy Court Motel, effective December 31, 2009.		
5. Program/Module/Submodule Assignment:	B1f		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TG786	Cozy Court Motel		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments: move Document No. 00723-10 from 100000-OT to this docket - used as supporting documentation			

DOCUMENT NUMBER - DATE
00758 FEB -3 09
FPSC-COMMISSION CLERK

100000-07

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010

Records
Nancy

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY	
Check #	3875
\$	100.00
	06-03-001 003001
\$	E
\$	P
	06-03-001 004011
\$	I
Postmark Date	1-28-2010
Initials of Preparer	RT

(See Filing Instructions on Back of Form)

TG786-09-0-R
Cozy Court Motel
407 Woodland Avenue
Lakeland, FL 338

DEPOSIT DATE
0995 FEB 02 2010

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

Going out of
Business
Cancel my TG786-09-0-R

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 000
2.	Gross Intrastate Revenue	000
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$
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 \$100.00)	\$ 100.00 ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	

(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 \$100 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.

(Signature of Company Official) DWAR 1-27-10
(Title) (Date)

GURSHI PATEL
(Preparer of Form - Please Print Name)

Telephone Number (813) 665 4179 Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE
00758 FEB-3 09

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