

REQUEST TO ESTABLISH DOCKET

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

RECEIVED-FPSC

Date:	8/11/2011	Docket No.:	110247-TC
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart	
2. OPR:	Toni Earnhart, RAD		
3. OCR:	GCO		
4. Suggested Docket Title:	Compliance investigation of PATS Certificate No. 8719, issued to Buddy's Cafe, for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Program/Module/Submodule Assignment:	A18a, A10		
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):	
TH073			
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

11 AUG 12 AM 8:30

2E

COMMISSION CLERK

COM _____
 APA _____
 ECR _____
 GCL _____
 RAD _____
 SSC _____
 ADM _____
 OPC _____
 CLK N.G.

DOCUMENT NUMBER DATE
 05710 AUG 2 =

FPSC-COMMISSION CLERK

Regulatory Assessment Fee History Form

History | History 2 | Statistics | Comments | Forms | Mailing | Company | Accounts | Dockets | Consumer

Company Identification

Complete Name: Buddy's Cafe

Mailing Name: Buddy's Cafe

Company Code: TH073 Regulated: 06/09/2008 Inactive:

History Summary Information

RAF Period Covered: 01/01/2010-12/31/2010 PAT Service: PAT

Description	RAF Period	Postmark	Amount
RAF form e-mailed	01/01-12/31/2010	03/16/2011	
Delinquent letter generated	01/01-12/31/2010	02/22/2011	
RAF form generated	01/01-12/31/2010	12/06/2010	

Isolate: All Entries

Isolate
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Document Image
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Modification Log

03/16/2011

Last modification was made on Wednesday, March 16, 2011 at 10:25 AM by David Brown

COMPANY IDENTIFICATION

Printed on 08/09/2011 at 15:41:15 by TJE

Complete Name: Buddy's Cafe

Mailing Name: Buddy's Cafe

Company Code: TH073

FEID Number: 65-0921206

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date: 06/09/2008

Inactive Date:

Service: PAT - Pay Telephone

Received: No RAF Form

Status: Pending

Amended: No

Extension: No

Frozen: No

Comments: No

Payment Count: 0 Payments Made to Date

Operating Rev: \$0.00

Interstate Rev: \$0.00

RAF Rate:

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 8, 2010 at 1:02 PM by David Brown

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TH073-10-0-D
Buddy's Cafe
2431 Beach Court
Riviera Beach, FL 33404-4722

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Helen Cook Agent
 Addressee

B. Received by (Printed Name)

Helen Cook

C. Date of Delivery

2-24-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0003 1056 8452

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TH073-10-0-D
Buddy's Cafe
2431 Beach Court
Riviera Beach, FL 33404-4722

2. Article Number
(Transfer from service label)

7006 0100 0003 1056 8452

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Certified Mail Pro

- A mailing receipt
- A unique identifier to track the mailpiece
- A record of delivery

Important Reminders:

- Certified Mail may O
- Certified Mail is not a
- NO INSURANCE C
- valubles, please co
- For an additional fee
- delivery. To obtain Re
- Receipt (PS Form 38
- fee. Endorse mailpiec
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- For an additional f
- addressee's authoriz
- endorsement "Restr
- If a postmark on the
- cle at the post offic
- receipt is not neede

IMPORTANT: Save th
Internet access to de
addressed to APDs a