

REQUEST TO ESTABLISH DOCKET (Please type or print. File original with CLK.)		
Date:	3/27/2018	
1. From Division / Staff:	IDM / D. Flores <i>DF</i>	
2. OPR:	D. Flores / G. Fogleman <i>GF</i>	
3. OCR:	GCL	
4. Suggested Docket Title:	Request for Cancellation of PAT Certificate 7573 of Sam Benny Wesley II effective December 31, 2017.	
5. Program/Module/Submodule Assignment:	B1f	
6. Suggested Docket Mailing 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):
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:		

RECEIVED-FPSC
 2018 MAR 27 AM 8:27
 COMMISSION CLERK

Dan Flores

From: Greg Fogleman
Sent: Tuesday, March 06, 2018 11:08 AM
To: Dan Flores
Cc: Cayce Hinton; Jacqueline Booksing
Subject: FW: cancel my certificate
Attachments: tg745-17-t-0-c-0.pdf

Dan,

Below is a payphone certificate cancelation I am assigning. Please have a docket established and create a CASR. I've attached the company's RAF form. At the bottom of the form, Mr. Wesley had asked for his certificate to be cancelled on 1-6-18. Since his request was made within our grace period, the cancelation should be effective December 31, 2017.

Thanks

From: sam wesley [<mailto:sbwesleyii@gmail.com>]
Sent: Tuesday, March 06, 2018 10:40 AM
To: Greg Fogleman
Subject: cancel my certificate

TG745-17-T-0-D, Sam B. Wesley II, 739 NW 5th Ave, Gainesville, Florida 32601. Please cancel my Certificate. Thanks.

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TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2018
Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY	
Check #	
\$ _____	06-03-001
	003001
\$ _____	E
\$ _____	P 06-03-001
	004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

STATUS:

- Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TG745-17-T-0-R
 Sam Benny Wesley II
 739 N.W. 5th Avenue
 Gainesville, FL 32601-5045

PERIOD COVERED:

1/1/2017 TO 12/31/2017

Please Complete Below If Official Mailing Address Has Changed


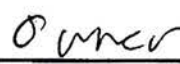
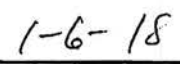
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
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 0.0016. If more than \$100, enter amount. If less, enter \$100.) ⁽²⁾	_____
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 (Add lines 5 through 8)	\$ _____
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)
  _____ (Title)
  1-6-18 (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

Please cancell my License. I NO longer wish to do phones.

