

DEPOSIT
FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION
0637

DATE
OCT 20 1997

1. LEGAL NAME OF THE APPLICANT

Susan Ngo

991374-10

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Susan Ngo

3. ADDRESS OF THE APPLICANT(S)

STREET

4336 Thomas Wood Ln E.

CITY

Winter Haven

STATE & ZIP

FLA 33880

4. TYPE OF ORGANIZATION (CHECK ONE)

ACK _____
AFA _____
AFF _____
CRF _____
CMT 1 _____
CTR _____
EAT _____
ED _____
EM _____
GT _____
KOL _____
SLT 1 _____
WTH _____
OTH _____

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____



Susan Ngo

235

10-16-97

Pay to the order of Florida Public Service Comm, SA \$ 100.00

One hundred dollars Dollars

FIRST UNION
First Union National Bank
Key West, Florida
24 Hour Information Service
1-800-735-1012

For FPSC pay phone cert.

Susan Ngo

n registered with
DOCUMENT NUMBER-DATE

10737 OCT 20 97

FPSC-RECORDS/REPORTING

DEPOSIT
FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION
D637-

DATE
OCT 20 1997

1. LEGAL NAME OF THE APPLICANT
Susan Nyo
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Susan Nyo
3. ADDRESS OF THE APPLICANT(S)
STREET 4336 Thomas Wood Ave.
CITY Winter Haven
STATE & ZIP FLA 33880
4. TYPE OF ORGANIZATION (CHECK ONE)
- A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.
- DOCUMENTATION: No other documentation needed.
- B. PARTNERSHIP:
- DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.
- C. CORPORATION:
- DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.
- NAME _____
ADDRESS _____
- D. DOING BUSINESS UNDER A FICTITIOUS NAME:
- DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.