

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 04/06/98

Docket No. 980494-TC

1. Division Name/Staff Name Communications/Isler
2. DPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for cancellation of pay telephone certificate number 5125 by Jason Weicht, effective April 1, 1998

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

<u>Jason Weicht</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.  
 Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER - DATE

**03946** APR -6 98

FPSC RECORDS REPORTING

RECEIVED

9/30/98

APR 1 8 30 AM '98  
Florida Public Service Commission  
2540 SHOMARD BLVD  
TALLAHASSEE, FL 32399-0876

ATTN: FISCAL

AT THIS TIME I WISH TO CANCEL MY CERTIFICATE.  
I AM SENDING MY RAF PAYMENT FOR 1997  
INCLUDING 10% LATE PENALTY & 2% INTEREST, AS  
PER MY PHONE CONVERSATION WITH MR. MICHAEL  
LANE.

PLEASE SEND ME CONFIRMATION OF MY  
CANCELLATION

Thank you

Jason Wright

RECEIVED

APR 2 1998

CMU

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

STATUS:

RECEIVED

Actual Return  
Estimated Return

TG024 P173 997 537

Jason Weicht  
6866 Long Key Street  
Lake Worth, FL 33467-7640

PERIOD COVERED:  
04/15/1997 TO 12/31/1997

DEPOSIT DATE

D744 APR 02 1998

Please Complete Below If Address Has Changed

FOR PSC USE ONLY	
Check#	1561
\$	50.00 0603002
	003001
\$	5.00 P
	0603002
	004011
\$	1.00 1
Postmark Date	3/30/98
Initials of Preparer	JP

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment	0
7.	Interest for Late Payment	0
8.	TOTAL AMOUNT DUE	\$ 0

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0  
 I wish to cancel my certificate at this time. Brenda Hawkins

\*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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.

Jason Weicht  
 (Signature of Company Official)  
Jason Weicht  
 (Please Print Name)

owner  
 (Title)  
2/2/98  
 (Date)  
 Telephone Number (561) 642-1550  
 F.E.I. No. \_\_\_\_\_