

APPLICATION

981956-TC

1. Name of company:

EXCELLENT TELECOMMUNICATIONS

2. Name under which applicant will do business (fictitious name, etc.):

EXCELLENT TELECOMMUNICATIONS

3. Official mailing address (including street name & number, post office box, city, state, and zip code):

3221 HEEBONS POINT Circle  
KISSIMMEE, FL 34741

4. Florida address (including street name & number, post office box, city, state, and zip code):

SAME AS ABOVE

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: N/A

NOT JUL.

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7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: C98314000018

8. F. E. I. Number (if applicable): N/A - DO NOT HAVE

9. If individual, provide:

Name: ALEX BURNEY

Title: OWNER

Address: 3221 HERON PT CT

City/State/Zip: KISSIMMEE FL 34741

Telephone No.: 407-518-6038 Fax No.: 407-518-6038

Internet E-Mail Address: WRUL93A

Internet Website Address: -

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name: N/A - NOT PARTNERSHIP

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

# APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: ALAN BURDICK

Title: OWNER

Address: 3221 HERONS POINT CIRCLE

City/State/Zip: KISSIMISSEE FL 34741

Telephone No.: (407) 873-8477 Fax No.: (407) 518-6058

Internet E-Mail Address: WORLD933@PROO.COM

Internet Website Address: -

(b) Official Point of Contact for the ongoing operations of the company:

## APPLICATION

Name: SAME AS ABOVE  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: SAME AS ABOVE  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation.

NO

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13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO - never applied before

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List the states in which the applicant:

a. Is currently providing pay telephone service:

None - currently

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b. Has applications pending to be certificated as a pay telephone provider:

File - this application.

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None not applied before

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

None

16. Please check (✓) the services that will be provided:

LOCAL	<input type="checkbox"/>
LONG DISTANCE	<input type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

## APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 25

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes ( ) No

Explain: \_\_\_\_\_

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(14), F.A.C.).

Yes ( ) No

**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX:** I understand that a seven percent sales tax must be paid on intrastate and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

Chad Bony 12/14/98  
Signature Date

OWNER (407) 973-9477  
Title Telephone No.

Address: 3221 HERONS POINT CIRCLE  
KISSIMEE, FL 34741  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fax No. (407) 518-6038

ATTACHMENTS:  
A - Affidavit  
B - Applicant Acknowledgment



**AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

Alex Bury Signature: 12/1/98 Date

ALEX BURY Printed Name:

OWNER Title: (407) 518-6038 Fax No.

3221 Herons Point Circle Address:  
Kissimmee FL 34741

DEPOSIT  
D050

DATE  
DEC 23 1998

APPLICATION

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SAME AS ABOVE

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

ALEX I. BURNEY  
CHIQUITA L. BURNEY  
3221 HERON'S POINT CIR.

KISSIMMEE, FL 34741

1614

PAY TO THE  
ORDER OF

Florida Public Service Commission

12/20 98  
\$100.00

One hundred and 00/100

DOLLARS

Sterling Preferred

Site in Florida:

Number: N/A

NOT INC.

DOCUMENT NUMBER-DATE

14564 DEC 24 88

FPSC-REG/DROS/REPORTING

Barnett

817-645  
16320 Northwood 57th Avenue  
Miami, Florida 33144

Chiquita Burney

FOR