

990165-JX

APPLICATION

DEPOSIT

DATE

DO86

FEB 11 1999

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

TALK AMERICA

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

Ayesha Robertson (TALK AMERICA)

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

7927 Almar Place

Jacksonville, Florida 32208

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

²⁶³⁷
8829 Lem Turner Road

Jacksonville Florida, 32208

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership

() Other _____

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

- (a) The Florida Secretary of State corporate registration number:

_____ N/A _____

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

_____ N/A _____

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

(a) The Florida Secretary of State fictitious name registration number:
Filed but not received yet.

11. If a **limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

12. If a **partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: AYTEHA BOBROW, MICHAEL MCCAIG

Title: President, vice president,

Address: 9037 LEANTURNER ROAD

City/State/Zip: JACKSONVILLE FLORIDA 32238

Telephone No.: (904) 960-3739 Fax No.: (904) 960-3038

Internet E-Mail Address: _____

Internet Website Address: _____

13. If a **foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: N/A

14. Provide **F.E.I. Number**(if applicable): _____

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

N/A

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

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

(a) The application:

Name: Ayesha Robinson

Title: President

Address: 7927 Almar Place

City/State/Zip: Jacksonville Florida 32208

Telephone No.: (904) 746-4752 Fax No.: (904) 746-3038

Internet E-Mail Address: Shabrik@AOL.com

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Ayesha Robinson

Title: President

Address: 7927 Almar Place

City/State/Zip: Jacksonville Florida 32208

Telephone No.: (904) 706-4752 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: ARSHIA BROWN

Title: President

Address: 7927 Almar Place

City/State/Zip: Jacksonville Florida

Telephone No.: (904) 706-4752 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: N/A

17 List the states in which the applicant:

(a) has operated as an alternative local exchange company.

None NOT

(b) has applications pending to be certificated as an alternative local exchange company.

None NOT

(c) is certificated to operate as an alternative local exchange company.

None NOT

-
- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

HAVE NOT

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

HAVE NOT

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

HAVE NOT

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated. *1st YEAR IN BUSINESS DO NOT HAVE*

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and

**** APPLICANT ACKNOWLEDGMENT 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 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 intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

<u><i>Nyona Hoban</i></u>	<u>02-03-99</u>
Signature	Date
<u>President</u>	<u>(904) 706-4752</u>
Title	Telephone No.
Address: <u>2927 Airway Place</u>	
<u>Jacksonville Florida 32208</u>	<u>Fax No.</u>

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT
- GLOSSARY

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) Ayesha Robinson

(Title) President of (Name of Company)

TRIK AMERICA

and current holder of Florida Public Service Commission Certificate Number # _____
_____, have reviewed this application and join in the petitioner's request for
a:

- sale
- transfer
- assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Ayesha Robinson

Signature

2-03-99

Date

President

Title

(904) 766-4752

Telephone No.

Address: 7927 Almar Place

Jacksonville Florida 32208

Fax No.

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. **POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

Aysha Ridwan
Signature

02-03-97
Date

President
Title

(904) 766-4750
Telephone No.

Address: 7927 Olmar Place

Jacksonville Florida 32203

Fax No.

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

C & C Bail Bonds
8823 Lem Turner Road
Jacksonville, Florida 32208
904-766-3829 Fax: 904-766-3038

FEB 11 AM 8:47
ROOM

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850



To Whom It May Concern:

This letter is in reference to Mrs. Ayesha Roberson explaining three categories that you requested for her application with TALK AMERICA. Mrs. Roberson would be the CEO/President of the company.

During my initial meeting with Mrs. Roberson, I learned that she was a young college student trying to get a degree. She came to me for a job with my company where she is currently employed. It was not hard to train her for the position because she caught on very quick. In time, she became an asset to our business and one of my best employees. Mrs. Roberson came to me for a favor in which I was hesitant about at first. The favor involved loaning her \$2,000. to help her mother out of a financial bind. I drew up a contract for her to make installments over a 30 day period. She agreed on all terms and conditions and paid her debt in less than 30 days of the agreement. Since that loan Mrs. Roberson has received two more loans from me and has paid all of them in a timely manner. Today Mrs. Roberson is renting a space in one of my buildings and she has been a reliable tenant. She has proven to be very responsible and dependable.

- * Does Mrs. Roberson have sufficient financial capability to provide the requested service? Yes!
- * Does Mrs. Roberson have sufficient financial capability to maintain the requested service? Yes!
- * Does Mrs. Roberson have sufficient financial capability to meet it's lease or ownership obligation? Yes!

I hope my letter has answered any questions you might have to help Mrs. Roberson get started in her new career. I will truly miss her and wish her the best in her upcoming accomplishments. You will be pleased to have Mrs. Roberson as a client of yours as I have having her as mine.

Sincerely,

Candia V. Williams
Owner

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D086

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7927 Almar Place

Jacksonville, Florida 32208

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS INC. - ISSUER
Englewood, Colorado

02-272131743

AGENT 608054 DATE 020699
TIME 1840 03
022721317436 LOCATION 000482

250.00

TWO HUNDRED FIFTY DOLLARS AND NO CENTS

PAY EXACTLY
NOT GOOD OVER \$300
PAY TO THE ORDER OF
Florida Public Service Commission
7927 Almar Place, Jacksonville, FL 32208

Western Union Money Order is a service mark of Western Union Financial Services, Inc. / Payable at Norwest Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

ix, city, state, zip

DOCUMENT NUMBER-DATE

01847 FEB 11 99

FPSC-RECORDS/REPORTING