**FLORIDA PUBLIC SERVICE COMMISS

DIVISION OF COMMUNICATIONS ROOM **BUREAU OF SERVICE EVALUATION**

APPLICATION FORM FOR CERTIFICATE TO PROVIDE **PAY TELEPHONE SERVICE** 991734-70. WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- Once completed, submit the original and two (2) copies of this form and a nonrefundable application fee of \$100.00 to:

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

DEPOSIT

DATE

D2 **1** 2 *** NOV 1 7 1999

If you have questions about completing the form, contact:

Florida Public Service Commission **Division of Communications Bureau of Service Evaluation** 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

DOCUMENT NUMBER-DATE NOV 17 8 FPSC-RECORDS/REPORTING

	which applicant will do busin	ications		
Official mailing address:				
Street:	a214 Long mo	re Circle		
P.O. Box:	SOUNT NOTES			
City:	Valrico	GS AS DE DESCRIPTION SINT		
State:	Florida	Zip: 33594		
Florida addre	SS:	nustaka easas uridi buaga sun		
Street:	2214 Long mo	re Circle		
P.O. Box:	~	eser fredtas besidaner		
City:	Valrico	to set an the proces with a rules		
State:	Florida	Zip: 33594		
() Cor	rganization: ividual rporation neral Partnership	de de Criptemuni 1966. S'abrodit desemble de la companya de la com		

18 VI 1981 1 1 1 1 1

	Florid	
		Florida Fictitious Name Registration Number: 699266960076
8.	F.E.I.	Number (if applicable):
9.	If inc	lividual, provide:
	Nam	e: Paul + Jeanette Almeida
	Title	: Owners
	Addı	ress: 2214 Long more Circle
		State/Zip: Valrico, Florida 33594 -
	Tele	phone No.: 813-661-2018 Fax No.:
	Inter	net E-Mail Address:
	Inter	net Website Address:
10.	The second second	artnership, provide name, title and address of all partners and a copy of the nership agreement:
	a.	Name:
		Title:
		Address:
		City/State/Zip:
		Telephone No.:Fax No.:
		Internet E-Mail Address:

If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in

7.

	b.	Name:	
		Title: ansi/-spential's styroid	
		Address:	
		City/State/Zip:	
		Telephone No.:Fax No.:	
		Internet E-Mail Address:	
		Internet Website Address:	
11.	Who	o will serve as liaison to the Commission with regard to the following?	
	a.	The application:	
		Name: Paul + Jeanette Almeida	
		Title: Owners	
		Address: 2214 Longmore Circle	
		City/State/Zip: Valrico, FL 33594	
*		Telephone No.: 813-661-2018 Fax No.:	
		Internet E-Mail Address:	
		Internet Website Address:	10
	b.	Official Point of Contact for ongoing company operations including com and inquiries:	pla
		Name: Paul & Jeanette Almeida	
		Title: Owners	
		Address: 2214 Longmore Circle	
		City/State/Zip: Valrico, FL 33594	
		Telephone No.: 813-661-2018 Fax No.:	
		Internet E-Mail Address:	
		Internet Website Address:	

proceedings.	whether such actions may result from periods
If so, provide explanation:	NA
TO SERVICE OF CORPORATE AND A SERVICE AND A	
ever been granted or denied (This includes active and car	sidiary, partner, officer, director, or any stock a pay telephone certificate in the State of Fl nceled pay telephone certificates.) If yes, p cate holder and certificate number.
	No .
Free recognists that a recognist section	The state of the s
	ay they contains the first section of the contains a section of the contains and the
	liary, partner, officer, director, or any stockhor r in any other Florida certificated pay tele r company and relationship. If no longer asso
	ly not.
company? If yes, give name of	ny not.
company? If yes, give name of	
company? If yes, give name of	
company? If yes, give name of	
company? If yes, give name of	

		Is currently providing pay telephone service. Non €
		tul profitatellana e home as il
	b.	Has applications pending to be certified as a pay telephone provider. Non€
	c.	Has been denied authority to operate as a pay telephone provider. Explain circumstances.
		None NIA
	d.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. None N/A
		Tit. It industrates on any sensidiary, paking, officer disector or any officer of the constant
16.	Plea	se check (✓) the services that will be provided:
		(v) LOCAL (√) LONG DISTANCE (√) COIN (√) CALLING CARD (√) CREDIT CARD

17.	Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: Four teen (14)
18.	How does the applicant intend to service and maintain each payphone? Check (✔) all that apply.
	() PERSONALLY () FULL-TIME TECHNICIAN () PART-TIME TECHNICIAN () SERVICE/REPAIR/MAINTENANCE CONTRACT () OTHER (Describe)
19.	Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 377, and 888)? See Rule 25-24.515(10), Florida Administrative Code. (√) Yes () No Explain:
20.	Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code. Yes No Explain:

APPLICANT FEE/TAX STATEMENT

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies
 must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> 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.
- 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 the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

Paul + Jeane He Print Name	Hmeida	Signatu	enette almeda
Owners		and the same of the same	11/13/99
Title	and the section of th	Date	
813-661-201	8		en espera esperante proportione esperante de la companya esperante en esperante esperante esperante esperante e
Telephone No.		Fax No.	
Address:	2214 Long	more	Circle
company of the compan	Valrico	FL	33594

ACKNOWLEDGMENT

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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."

	nette Almeida	Ganette almeida		
Print Name		Signature		
Owners	and the second of the second o			
Title	er franklige trathagaire and the strong transcript in a constitution of the strong transcript in the strong tr	Date		
813-661-3	2018	\$ manufacture and the second of the second o		
Telephone No.		Fax No.		
Address:	2214 Lona	more Circle		
	Valrico.	FL 33594		
The second second		and the second s		

APPLICANT ACKNOWLEDGMENT

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Paul & Jeane He	Almeida	Sanetto almuda
Print Name		Signáture
Owners	1986024-1-12-2-15.	11 13 199
813-661-2018		Date
Telephone No.		Fax No.
Address:	2214 Long	more Circle
New York	Valri co.	FL 33594
		- eng/2.2011

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



September 24, 1999

JPA COMMUNICATIONS 2214 LONGMORE CIRCLE VALRICO, FL 33594

Subject: JPA COMMUNICATIONS

REGISTRATION NUMBER: G99266900076

This will acknowledge the filing of the above fictitious name registration which was registered on September 24, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/tg Division of Corporations

Letter No. 899A00046774



Bepartment of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of JPA COMMUNICATIONS, registered with the Department of State on September 24, 1999, as shown by the records of this office.

The Registration Number of this Fictitious Name is G99266900076.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fourth day of September, 1999



CR2EO22 (1-99)

Katherine Harris

Batherine Harris

Secretary of State



DIVISION OF COMMUNICATIONS ROOM **BUREAU OF SERVICE EVALUATION**

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If you have questions about completing the form, contact:

Florida Public Service Commission **Division of Communications**

Paul Almeida Jeanette Almeida 2214 Longmore Cir. 813-661-2018

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