

DEPOSIT
D222

DATE
JAN 04 2000

00 0008-TC

1. Name of company or name of individual (not fictitious name or d/b/a):
MICHAEL R. SPENCE

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

3. Official mailing address:
Street: 6904 WILKOW DR APT #U-312
P.O. Box: (N/A) NONE
City: ORLANDO, FL
State: FLORIDA Zip: 32821

4. Florida address:
Street: 6904 WILKOW DR APT U-312
P.O. Box: (N/A) NONE
City: ORLANDO, FL
State: FLORIDA Zip: 32821

5. Structure of organization:
- Individual
 - Corporation
 - General Partnership
 - Limited Partnership



MICHAEL R SPENCE 07-1998
6904 Wilkow Dr Apt U312
Orlando, Fl 32821-6014

12-29-99 DATE
1301
63-215/631

erate in Florida:

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00
one hundred Dollars @ 0% cents

SUNTRUST

SunTrust Bank, Central Florida, N.A.
Merritt Square Office 1-800-786-8787
Merritt Island, FL

DOLLARS Security features included. Details on back.
SmartChoice Banking

DOCUMENT NUMBER - DATE Page 2 of 10

Michael Spence 00038 JAN-38

FPSC-RECORDS/REPORTING

FOR 1301

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

000008-TC

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 non-refundable 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**

- ◆ 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**

FOR DELIVERY
TO THE
FLORIDA PUBLIC
SERVICE COMMISSION
00 JAN -3 AM 9:05
MAIL ROOM

Doc. # 00038-Jan3-00

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MICHAEL R. SPENCE

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CONSTELLATION TELECOM

3. Official mailing address:

Street: 6904 WILKOW DR APT #U-312

P.O. Box: (N/A) NONE

City: ORLANDO, FL

State: FLORIDA Zip: 32821

4. Florida address:

Street: 6904 WILKOW DR APT U-312

P.O. Box: (N/A) NONE

City: ORLANDO, FL

State: FLORIDA Zip: 32821

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

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

Florida Secretary of State

Corporate Registration Number: (N/A) NONE

7. 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 Florida:

Florida Fictitious Name
Registration Number:

G-99354900020

8. F.E.I. Number (if applicable): (N/A) NONE

9. If individual, provide:

Name: MICHAEL R. SPENCE

Title: CONSTELLATION TELECOM

Address: 6904 WILKOW DR APT #U-312

City/State/Zip: ORLANDO, FL 32821

Telephone No.: (407) 248-9936 Fax No.: (407) 352-574

Internet E-Mail Address: (N/A) NONE

Internet Website Address: (N/A) NONE

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

a. Name: (N/A) NONE

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: (N/A) NONE
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?
a. The application:
Name: MICHAEL R. SPENCE
Title: CONSTELLATION TELECOM
Address: 6904 WILKOW DR APT U-312
City/State/Zip: ORLANDO, FL 32821
Telephone No.: (407) 248-9936 Fax No.: (407) 352-574
Internet E-Mail Address: (N/A) NONE
Internet Website Address: (N/A) NONE

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: MICHAEL R. SPENCE
Title: CONSTELLATION TELECOM
Address: 6904 WILKOW DR APT U-312
City/State/Zip: ORLANDO, FL 32821
Telephone No.: (407) 248-9936 Fax No.: (407) 352-574
Internet E-Mail Address: (N/A) NONE
Internet Website Address: (N/A) NONE

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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: (N/A) NO, I HAVE NEVER BEEN
ADJUDGED BANKRUPT, MENTALLY INCOMPETENT OR
GUILTY OF ANY FELONY.

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.

N/A. NO, I HAVE NEVER BEEN GRANTED OR
DENIED A PAY TELEPHONE CERTIFICATE.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or 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.

N/A. NO, I AM NOT A PARTNER OF ANY OTHER
COMPANY.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

(N/A) I am NOT operating in any state.

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

NO, (N/A) I have NO pending cases.

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

(N/A) NO, I NEVER been denied by a telephone provider.

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

(N/A) NO, I do NOT have any penalties imposed for violations.

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 4 TELEPHONES

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, 877, 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

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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 \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

MICHAEL R. SPENCE
Print Name

Michael Spence
Signature

CONSTELLATION TELECOM
Title

12-29-99
Date

248-9936

(407)
Telephone No.

(407) 352-574
Fax No.

Address: 6904 WILKOW DR APT# U-312
ORLANDO, FL 32821

****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."

UTILITY OFFICIAL:

MICHAEL R. SPENCE
Print Name

Michael Spence
Signature

CONSTELLATION TELECOM
Title

12-29-99
Date

(407) 248-9936
Telephone No.

(407) 352-574
Fax No.

Address: 6904 WILKOW DR APT #U-312
ORLANDO, FL 32821

****APPLICANT ACKNOWLEDGMENT****

Applicant: MICHAEL SPENCE

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

MICHAEL SPENCE

Print Name

Michael Spence

Signature

CONSTELLATION TELECOM

Title

12-29-99

Date

(407) 248-9936

Telephone No.

(407) 352-574

Fax No.

Address: 6904 WILKOW DR. APT U-312

ORLANDO, FL 32821

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.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 20, 1999

CONSTELLATION TELECOM
6904 WILKOW DR. APT U-312
ORLANDO, FL 32821

Subject: **CONSTELLATION TELECOM**

REGISTRATION NUMBER: **G99354900020**

This will acknowledge the filing of the above fictitious name registration which was registered on December 20, 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.

/ac
Division of Corporations

Letter No. 899A00059531

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of CONSTELLATION TELECOM, registered with the Department of State on December 20, 1999, as shown by the records of this office.

The Registration Number of this Fictitious Name is G99354900020.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twentieth day of December, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

State of Florida



Department of State

I certify from the records of this office that CONSTELLATION TELECOM is a Fictitious Name registered with the Department of State on December 20, 1999.

The Registration Number of this Fictitious Name is G99354900020.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twentieth day of December, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State