

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

001577-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
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. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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

DEPOSIT

DATE

D378

OCT 23 2003

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

DOCUMENT NUMBER-DATE

13480 OCT 20 03

FPSC-RECORDS/REPORTING

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

ROGER HESTER

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

CATCH 84 COMMUNICATIONS

3. Official mailing address:

Street: 380 SE. 3RD AVE

P.O. Box: N/A

City: SOUTH BAY

State: FL Zip: 33493

4. Florida address:

Street: 380 SE. 3RD AVE

P.O. Box: N/A

City: SOUTH BAY

State: FL Zip: 33493

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

I AM NOT REGISTERED AS A CORPORATION

00 OCT 20 PM 2:26
MAIL ROOM

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: 900287900154

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: ROGER HESTER

Title: OWNER

Address: 380 SE. 3RD AVE

City/State/Zip: SOUTH BAY, FL 33493

Telephone No.: 561-996-4549 **Fax No.:** 561-996-9870

Internet E-Mail Address: _____

Internet Website Address: _____

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

1. **Name:** N/A / I AM NOT A PARTNERSHIP

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: N/A I AM NOT A PARTNERSHIP
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?

1. The application:
Name: ROGER HESTER
Title: OWNER
Address: 340 SE. 3RD AVE
City/State/Zip: SOUTH BAY, FL 33493
Telephone No.: 561-996-4549 Fax No.: 561-996-9870
Internet E-Mail Address: _____
Internet Website Address: _____

2. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: ROGER HESTER
Title: OWNER
Address: 340 SE. 3RD AVE
City/State/Zip: SOUTH BAY, FL 33493
Telephone No.: 561-996-4549 Fax No.: 561-996-9870
Internet E-Mail Address: _____
Internet Website Address: _____

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:

NO, I HAVE NEVER
BEEN CHARGE OR HAVE HAD A JUDGEMENT AGAINST
ME.

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, I HAVE NEVER BEEN DENIED
A PAY TELEPHONE CERTIFICATE. THIS IS THE
FIRST TIME THAT I HAVE APPLIED FOR
A CERTIFICATE IN ANY STATE

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.

NO

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

NONE

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

NO

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

NONE

4. 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
- 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: 5

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) WILL ALSO PURCHASE A SERVICE PLAN FROM BELL SOUTH AT INSTALLATION.

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:

ROGER HESTER
Print Name

Roger Hester
Signature

OWNER
Title

10/16/00
Date

561-996-~~9870~~ 4549
Telephone No.

561-996-9870
Fax No.

Address: 380 S.E. 3RD AVE
SOUTH BAY, FL 33493

****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:

ROGER HESTER
Print Name

Roger Hester
Signature

OWNER
Title

10/16/00
Date

561-996-4549
Telephone No.

561-996-9870
Fax No.

Address: 380 SE. 3RD AVE
SOUTH BAY, FL 33493

****APPLICANT ACKNOWLEDGMENT****

Applicant: ROGER HESTER
(CATCH 84 COMMUNICATIONS)

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

ROGER HESTER
Print Name

Roger Hester
Signature

OWNER
Title

10/16/00
Date

561-996-4549
Telephone No.

561-996-9870
Fax No.

Address: 380 SE. 3RD AVE
SOUTH BAY, FL 33493

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.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED

OCT 13 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
G00287900154
-10/13/00--01022--039
***50.00

1. CATCH 84 COMMUNICATIONS
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

2. 380 SE. 3RD AVE
Mailing Address of Business
SOUTH BAY FL 33493
City State Zip Code

3. Florida County of principal place of business: PALM BEACH

4. FEI Number: _____

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. HESTER ROGER L
Last First M.I.
380 SE. 3RD AVE
Address
SOUTH BAY FL 33493
City State Zip Code
SS# _____

2. G00287900154
Last First M.I.
10/13/00--01022--040
Address
City State Zip Code
SS# _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

2. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Roger L Hester 10-3-00
Signature of Owner Date
Phone Number: 561-996-4549

Signature of Owner Date
Phone Number: _____

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 3

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

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 CATCH 84 COMMUNICATIONS, registered with the Department of State on October 13, 2000, as shown by the records of this office.

The Registration Number of this Fictitious Name is G00287900154.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of October, 2000



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 CATCH 84 COMMUNICATIONS is a Fictitious Name registered with the Department of State on October 13, 2000.

The Registration Number of this Fictitious Name is G00287900154.

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
Thirteenth day of October, 2000



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 13, 2000

CATCH 84 COMMUNICATIONS
380 SE 3RD AVE
SOUTH BAY, FL 33493

Subject: **CATCH 84 COMMUNICATIONS**

REGISTRATION NUMBER: **G00287900154**

This will acknowledge the filing of the above fictitious name registration which was registered on October 13, 2000. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 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.

/rjm
Division of Corporations

Letter No. 600A00054045

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 CATCH 84 COMMUNICATIONS, registered with the Department of State on October 13, 2000, as shown by the records of this office.

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Katherine Harris
Secretary of State

State of Florida



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1. CATCH 84 COMMUNICATIONS
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2. 380 SE. 3RD AVE
 Mailing Address of Business
SOUTH BAY FL 33493
 City State Zip Code

3. Florida County of principal place of business: PALM BEACH

4. FEI Number: _____

OCT 13 AM 9:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 -10/13/00--01022--039
 ***50.00

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. HESTER ROGER L
 Last First M.I.
380 SE. 3RD AVE
 Address
SOUTH BAY FL 33493
 City State Zip Code
 SS# _____

2. 600287900154
 Last First M.I.
380 SE. 3RD AVE
 Address
 City State Zip Code
 SS# _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
 Entity Name

 Address

 City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

2. _____
 Entity Name

 Address

 City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Roger L Hester 10-3-00
 Signature of Owner Date

Phone Number: 561-996-4549

 Signature of Owner Date

Phone Number: _____

FOR CANCELLATION COMPLETE SECTION 4 ONLY;
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

 Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (12/98)