

## TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/26 Pay Telephone Service Provider Regulatory Assessment Fee Return

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| OR  | 10 | INA  | Ł  |

FPSC-COMMISSION CLERK

| CTATIC:  |   | ,  | Service Commission  | FOR PSC USE ONLY<br>Check#_/958 |  |
|--|---|--|---|---------------------------------|--|
|  | _ Actual Return _ Estimated Return _ Amended Return  DD COVERED: //2001 TO 12/31/2001 | TF601-01-0-R RonCo Telecommunio 417 Northlake Drive North Palm Beach, FL DEPOSIT D 187 | cations   | \$                              |  |
|  | (Name of Company)   |  | (Address)   | (City/State) (Zip)              |  |
| LINE<br>NO.                                      |   | ACCOUNT CLASSIF  | ICATION   | AMOUNT                          |  |
| 1.   | Gross Operating Revenue (Florida)   |  |   | \$ 0                            |  |
| 2.   | Gross Intrastate Rev  | D  |   |                                 |  |
| 3.   | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)     |  |   | (                               |  |
| 4.   | TOTAL REVENUE<br>(Line 2 less Line 3)   | s  |   |                                 |  |
| 5.   | Regulatory Assessme   |  |   |                                 |  |
| 6.   | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)               |  |   |                                 |  |
| 7.   | Interest for Late Pays  | ment (see "3. Failure to   | File by Due Date" on back)  |                                 |  |
| 8.   | TOTAL AMOUNT DUE  |  |   | \$ 20,00                        |  |
| CAF<br>CMP COM C<br>CTR C<br>ECR C<br>GCL COPC C | THIS FORM MUST BE C   | completed and return hones in operation at clo   | RIDA STATUTES, THE MINIMUM ANNUTED REGARDLESS OF THE AMOUNT OF  |                                 |  |
| true and o                                       | correct statement am aware that p   |  | foregoing and declare that to the best of my knowledge<br>tatutes, whoever knowingly makes a false statement in<br>unor of the second degree. |                                 |  |
|  | (Signathor of Compa   | n <del>y Official)</del>   | (Tale)  | (Date)                          |  |
| Kor  | (Preparer of Form - Please  | e Print Name)  | F.E.I. No.  | Fax Number (54) 684-2928        |  |
| P  | Lease CA  | ancel My   | Certificate   | DOCUMENT NUMBER-DATE            |  |
|  |   |  |   | 02899 MAR 138                   |  |