

ORIGINAL

NO Check!

Docket # 060465-TC

Saturday, July 22, 2006

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee Florida 32399-0876

RECEIVED-FPSC  
06 JUL 28 PM 1:08  
COMMISSION  
CLERK

Dear Public Service Commission

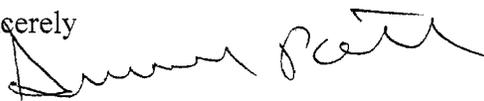
**RE: TG786-05-0-R**

I recently received a certified letter advising me that my payphone certification was being canceled due to non-payment. However, after receiving other notices I sent \$89.80 to your recovery connection people in Georgia 06/07/06.

I suppose part of the problem is I sent the money but failed to return my regulatory form. I have filled it in and sending with this letter, along with a copy of the letter from your collection people and a copy of my canceled check showing my payment.

I'm sorry about not sending this in originally, but please find my payment sent to the collection people, and apply to the account, which should put me back in good standing.

Sincerely



Sureshchandra S. Patel

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

06717 JUL 28 g

FPSC-COMMISSION CLERK

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**

01/01/2005 TO 12/31/2005

TG786-05-0-R  
 Cozy Court Motel  
 407 Woodland Avenue  
 Lakeland, FL 33801-3043

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	
\$	06-03-001 003001
\$	P 06-03-001 004011
\$	I
Postmark Date	No Check!
Initials of Preparer	

\_\_\_\_\_ (Name of Company)      \_\_\_\_\_ (Address)      \_\_\_\_\_ (City/State)      \_\_\_\_\_ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>0</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>50.00</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

[Signature] (Signature of Company Official)      OWNER (Title)      7-23-06 (Date)  
SURSHI PATEL (Preparer of Form - Please Print Name)  
 Telephone Number 863 6654179 Fax Number ( )  
 F.E.I. No. \_\_\_\_\_

PO BOX 926200  
NORCROSS, GA 30010-6200



Address Service Requested

May 23, 2006



7001 Peachtree Ind. Blvd., Ste 320  
Norcross, GA 30092  
1-800-893-3501

**ACCOUNT IDENTIFICATION**

Florida Department of Revenue  
Delinquent Sales Tax  
Business Partner : 0001438210  
Total Balance : \$89.80  
Applied Period : 1004

BWNLRDG  
0805 6000 8849 3691#

Sureshchandra S Patel 57930935  
407 Woodland Ave  
Lakeland, FL 33801-3043

*Handwritten notes:*  
2080  
89.80  
6-7-06

**NOTICE OF ACCOUNT PLACED FOR COLLECTION**

Dear Sureshchandra S Patel:

This letter serves as notice that the above-referenced taxpayer has incurred a delinquent tax debt with the Florida Department of Revenue. As a result of the taxpayer's failure to pay this amount, your account has been referred to AMO Recoveries for collection activity.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days of receiving this, this office will provide you with the name and address of the original creditor, if different from the current creditor.

You are requested to contact our Florida Department of Revenue Unit at 1-800-893-3501 to discuss payment of your account between the hours of 9:00am and 6:00pm EST Monday through Friday. We can complete check or credit card payments by phone to assist you in resolving this issue.

For regular mail payments please send check or money order payments along with the payment coupon below to the address listed below.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

**See reverse side for important information**

-----Detach and Return with Payment.-----

REF#0855187780 PAID 6/20 89.80