

ORIGINAL

NO Check!

Docket # 060465-TC

Saturday, July 22, 2006

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

Dear Public Service Commission

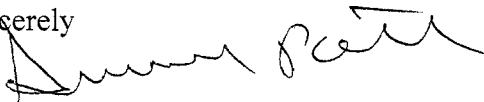
RE: TG786-05-0-R

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

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

CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
RCA _____
SCR _____
SGA _____
SEC
OTH _____

DOCUMENT NUMBER-DATE

06717 JUL 28 g

FPSC-COMMISSION CLERK

STATUS:

(See Filing Instructions on Back of Form)

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

Actual Return
Estimated Return
Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # _____

\$ _____

\$ _____

\$ _____

\$ _____

06-03-0011

003001

06-03-0011

004011

I _____

Postmark Date _____

Initials of Preparer _____

No check!

(Name of Company)

(Address)

(City/State)

(Zip)

LINE
NO.

ACCOUNT CLASSIFICATION

AMOUNT

- | | | |
|-----|--|--------------------------------|
| 1. | Gross Operating Revenue (Florida) | \$ <u>2</u> |
| 2. | Gross Intrastate Revenue | <u>2</u> |
| 3. | LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾
(see "2. Fees" on back) | (<u>2</u>) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation
(Line 2 less Line 3) | \$ <u>2</u> |
| 5. | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020) | <u> </u> |
| 6. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | <u> </u> |
| 7. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | <u> </u> |
| 8. | Extension Payment Fee (see "4. Extension" on back) | <u> </u> |
| 9. | TOTAL AMOUNT DUE (MINIMUM \$50.00) | \$ <u>50.00</u> ⁽²⁾ |
| 10. | Number of pay telephones in operation at close of period covered by
this Return | <u>2</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 of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (803) 665 4179 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

BWNLRDG
0805 6000 8849 3691#

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

57930935

ACCOUNT IDENTIFICATION

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

CE# 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.-----

Stamp area containing: SURESH S. PATEL, 2080, Florida Department of Revenue, PAID 6/20, 89.80, and a signature.

REF#0855187780 PAID 6/20

89.80