

Matilda Sanders

PSC-07-0752-FOF-TC

From: Jackie Schindler
Sent: Wednesday, September 19, 2007 10:17 AM
To: CLK - Orders / Notices; Victor McKay
Subject: Order / Notice Submitted

Date and Time: 9/19/2007 10:16:00 AM
Docket Number: 070557-TC
Filename / Path: 070557vsm.doc

FPSC, CLK - CORRESPONDENCE		
<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Parties	<input type="checkbox"/> Consumer
DOCUMENT NO. 07041-07		
DISTRIBUTION: _____		

AN ORDER CANCELING PAY TELEPHONE CERTIFICATE has been moved to GC Orders for issuance today.

Jacqueline Schindler
Office of the General Counsel
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399
850-413-6754

1/0

COMMISSIONERS:
LISA POLAK EDGAR, CHAIRMAN
MATTHEW M. CARTER II
KATRINA J. McMURRIAN
NANCY ARGENZIANO
NATHAN A. SKOP

STATE OF FLORIDA



OFFICE OF COMMISSION CLERK
ANN COLE
COMMISSION CLERK
(850) 413-6770

Public Service Commission ORIGINAL

August 10, 2007

Sharlene A. Thompson, Office Manger
Robert W. Pugh
820 Barnes Boulevard
Rockledge, Florida 32955

Re: Docket No. 070557-TC

Dear Ms. Thompson:

This will acknowledge receipt of a request for cancellation of PATS Certificate No. 8578 by Robert W. Pugh, effective August 9, 2007, which was filed in this office on August 9, 2007, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Office of Commission Clerk

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DOCUMENT NUMBER - DATE
0704 | AUG 10 08
FPSC-COMMISSION CLERK

Dorothy Menasco

correspondence - Administrative

From: Paula Isler
Sent: Friday, August 10, 2007 4:06 PM
To: Dorothy Menasco
Cc: Ruth Nettles; Kimberley Pena
Subject: RE: New Dkt for Robert W. Pugh

Yes. Thanks!

From: Dorothy Menasco
Sent: Friday, August 10, 2007 4:05 PM
To: Paula Isler
Cc: Ruth Nettles; Kimberley Pena
Subject: New Dkt for Robert W. Pugh

Hi Paula,

Docket 070557 was opened early this morning (an 8/9/07 filing) based on a payment record with an attached letter from Robert W. Pugh requesting cancellation of PATS Cert 8578. We just received your request to establish docket. Since your filing would be considered a duplicate, with the exception of the attached "sending information" should we place this information on the correspondence side of the docket file?

Dorothy

From: Ruth Nettles
Sent: Friday, August 10, 2007 3:50 PM
To: Dorothy Menasco
Subject: New Dkt for Robert W. Pugh

Dorothy, I have a request to establish a docket from Paula Isler, it is a duplicate of docket 070557 that we docketed this morning. How should we proceed with the req to est dkt?

8/10/2007

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date: 8/10/2007 Docket No.:

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 8578 by Robert W. Pugh, effective August 9, 2007.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

RECEIVED-FPSC
07 AUG 10 PM 3:19
COMMISSION
CLERK



R.V. RESORT

820 Barnes Blvd.
Rockledge, Florida 32955
1-800-982-4233
(321) 636-2873
(321) 636-0275 Fax

Web Site:
<http://www.spacecoastrv.net>

E-Mail:
scrsv@spacecoastrv.net

August 7, 2007

To whom it may concern:

As of March of this year, we removed the pay phone from this establishment. We no longer wish to have a pay phone. Enclosed please find a check for our assessment fee for 2007. I understand this will be the last of fees owed to you from Space Coast RV Resort.

Sharlene A Thompson
Office Manager

418 11 5-50110
001200-9 11 8 11

TO AVOID PENALTY AND INTEREST CHARGES, THIS REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2008

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 12/31/2007

*Records +
Paula*

(See Filing Instructions on Back of Form)

TH049-07-0-R
Robert W. Pugh
820 Barnes Blvd.
Rockledge, FL 32955-5102

DEPOSIT DATE:
771 AUG 10 2007

Please Complete Below if Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 402
\$ 100.00 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 8-7-07
Initials of Preparer RP

Space Coast RV Resort Edo Barnes Rockledge FL 32955
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
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.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(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 \$100 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.

Sharlene A. Thompson Office Manager 8/7/07
(Signature of Company Official) (Title) (Date)

Sharlene A. Thompson
(Preparer of Form - Please Print Name)

Telephone Number (321) 636 2813 Fax Number (321) 636 0275

F.E.I. No. _____

SENDING CONFIRMATION

DATE : AUG-1-2007 WED 14:01
NAME : PSC
TEL : 8504137077

PHONE : 613216360275
PAGES : 3
START TIME : AUG-01 14:00
ELAPSED TIME : 01'10"
MODE : ECM
RESULTS : OK

Wednesday, August 01, 2007

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

Sherry

Phone: 800-982-4233
Fax: 321-636-0275

FROM:

Paula Isler

Phone: (850) 413-6502
Fax: (850) 413-6503
E-mail: PIsler@psc.state.fl.us

RE:

Robert W. Pugh (TH049)

Dear Sherry:

Attached is the 2007 Regulatory Assessment Fee return form, which should be completed and returned with the \$100 minimum payment since you wish to cancel the payphone certificate. If you want, you can just write on the form "Please cancel my certificate." Once we receive the form and \$100 payment, along with either the note or a separate letter requesting cancellation, we will open a docket to grant a voluntary cancellation.

Let me know if you have any questions or wish to discuss this. Thanks.

Paula

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

STATUS:

- Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TH049-07-0-R
 Robert W. Pugh
 820 Barnes Blvd.
 Rockledge, FL 32955-5102

Please Complete Below If Official Mailing Address Has Changed

PERIOD COVERED:
01/01/2007 TO 12/31/2007

_____ (Name of Company) _____ (Address) _____ (City/State) _____ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
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.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(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 \$100 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)

_____ Telephone Number () _____ Fax Number ()
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

MCD Company Information for TH049

Printed on 08/10/2007 at 08:58:11 by PJI

Company Code: TH049
Complete Name: Robert W. Pugh
Mailing Name: Robert W. Pugh
Certificate No(s): 8578
Status: Active
Regulation Date: 06/03/2005
Bankruptcy: No
Company Liaison #1: Robert W. Pugh
Title: General Manager
Mailing Address: 820 Barnes Blvd.

Physical Location: Rockledge, FL 32955-5102
820 Barnes Blvd.

Phone: Rockledge, FL 32955-5102
(321) 636-2873
Fax: (321) 636-0275

Related Dockets:

050186-TC Application for certificate to provide pay telephone service by
Robert W. Pugh.

Section 1 - Office of Commission Clerk

Docket No. Q70557-TC Date Docketed: 08/09/2007 Title: Request for cancellation of PATS Certificate No. 8578 by Robert W. Pugh, effective August 9, 2007.

Company: Robert W. Pugh
Space Coast R.V. Resort

DOCUMENT NO. DATE

07041-07 0810107
PPSC - COMMISSION CLERK

Official Filing Date: _____

Expiration: _____

Last Day to Suspend: _____

Referred to:

ADM	CLK	(CMP)	ECR	GCL	PIF	RCA	SCR	SGA
		X		X				

(*C* indicates OPR)

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module B1(F)

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT
IT IS TENTATIVE AND SUBJECT TO REVISION.
FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

OPR Staff

Current CASR revision level

Due Dates

Previous Current

Staff Counsel

OCRs

Recommended assignments for hearing and/or deciding this case:

Full Commission ___ Commission Panel ___
Hearing Examiner ___ Staff ___

Date filed with CLK: _____

Initials OPR _____

Staff Counsel _____

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Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	ED	CT	MM	AG	SK		

Prehearing Officer

Commissioners					ADM
ED	CT	MM	AG	SK	

Where panels are assigned the senior Commissioner is Panel Chairman:
the identical panel decides the case.
Where one Commissioner, a Hearing Examiner or a Staff Member is
assigned the full Commission decides the case.

Approved: _____
Date: _____

Section 1 - Office of Commission Clerk

Docket No. 070557-TC Date Docketed: 08/09/2007 Title: Request for cancellation of PATS Certificate No. 8578 by Robert W. Pugh, effective August 9, 2007.

Company: Robert W. Pugh
Space Coast R.V. Resort

Official Filing Date: _____ Expiration: _____

Last Day to Suspend: _____

Referred to:

(*O) indicates OPR)

ADM CLK (CMP) ECR GCL PIF RCA SCR SGA

		X		X				
--	--	---	--	---	--	--	--	--

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module B1(f)

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT
IT IS TENTATIVE AND SUBJECT TO REVISION.
FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

Due Dates

OPR Staff	P Isler	0	Current CASR revision level	
			Previous	Current
		1.	Memo to Docket File	NONE 08/28/2007
		2.	Administrative Order	NONE 09/17/2007
		3.	Close Docket	NONE 09/17/2007
		4.		
		5.		
		6.		
		7.		
Staff Counsel	V McKay	8.		
		9.		
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OCRs		11.		
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Recommended assignments for hearing and/or deciding this case:

Full Commission ___ Commission Panel ___
Hearing Examiner ___ Staff X

Date filed with CLK: 08/15/2007

Initials OPR _____
Staff Counsel _____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	ED	CT	MM	AG	SK		
							X

Prehearing Officer

Commissioners					ADM
ED	CT	MM	AG	SK	
					X

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.
Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
Date: 08/15/2007