



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: November 18, 1998

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications *DM*

SUBJECT: Open Docket No. 981200-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by Hitsu, Inc. d/b/a Stockton Street Amoco.

Change to:

Application for certificate to provide pay telephone service by Hitsu, Inc.

ACK See the amended PATS application, Page 9 attached. Hitsu, Inc. does not have a fictitious name
 AFA filed with the Department of State to do business as Hitsu, Inc. d/b/a Stockton Street Amoco.
 APP Mr. Patel did not understand that he had to register his fictitious name with the Department of
 CAF State's Division of Corporations. He has requested to amend his PATS application to just his
 corporate name at this time. His letter is attached.

CMU

CTR Thank you.

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DOCUMENT NUMBER - DATE
 12987 NOV 18 1998
 FPSC-RECORDS/REPORTING

HITSU, INC.

643 Stockton Street
Jacksonville, FL 32204

November 6, 1998

Attn: Toni McCoy
Public Service Commission
Fax: 850/413-6532

Dear Ms. McCoy:

I am submitting this request to amend my application for Florida Pay Telephone Certification, Docket #931200-TC, from Hitsu, Inc. d/b/a Stockton Street Amoco to Hitsu, Inc. Please see the attached amended application forms.

Should you require additional information, please contact me at (904) 384-4661.

Sincerely,



Hitesh Patel
President

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Hitsu, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Hitsu, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 643 Stockton StreetCITY JacksonvilleSTATE & ZIP CODE Florida, 322044. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: (x)

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____

ADDRESS _____