



Public Service Commission

DATE: March 1, 1999

TO: Blanca Bayó, Director, Division of Records and Reporting

FROM: Division of Telecommunications (Isler) *DN*

RE: Docket No. 990165-TX

Attached are pages 1 - 11 of Ayesha Roberson d/b/a Talk America's amended application. The attached pages replace those originally filed February 11, 1999. Let me know if you have any questions.

Attachment

ACK _____

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APP _____

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02599 MAR-1 99

FPSC-RECORDS/REPORTING

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FEB 26 1999

Amended
APPLICATION

CMU

an application for (check one):

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FLORIDA
SERVICE COMMISSION
99 FEB 26 11 08 41
MAIL ROOM

990165

- Original certificate (new company).
- Approval of transfer of existing certificate: **Example**, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate: **Example**, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- Approval of transfer of control: **Example**, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

TALK AMERICA

3. Name under which the applicant will do business (fictitious name, etc.):

TALK AMERICA (Ayesha Robertson)

4. Official mailing address (including street name & number, post office box, city, state, zip code):

7927 Almar Place
Jacksonville, Florida 32208

5. Florida address (including street name & number, post office box, city, state, zip code):

9037 Lanturner Road
Jacksonville Florida 32208

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

11. If a limited liability partnership, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

12. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

Name: Ayesha Robertson and Monique McLean

Title: President / Vice-President

Address: 9037 Lem Turner Road

City/State/Zip: Jacksonville, Florida 32208

Telephone No.: (904) 706-7209 ^{710-5081-Alternate #} Fax No.: (904) 706-7229

Internet E-Mail Address: _____

Internet Website Address: _____

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide F.E.I. Number (if applicable): _____

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Ayisha Roberson

Title: President/owner

Address: 7927 Almar Place

City/State/Zip: Jacksonville Florida 32208

Telephone No. 904 ⁷⁶⁶⁻⁷⁸⁶⁹ 710-5081 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Ayisha Roberson

Title: President

Address: 7927 Almar Place

City/State/Zip: Jacksonville, Florida 32208

766-7869
Telephone No.: 904 710-5081 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Alesia Robinson

Title: President

Address: 7927 Almar Place

City/State/Zip: Jacksonville, Florida 32208

766-7869
Telephone No.: 904 710-5081 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17 List the states in which the applicant:

(a) has operated as an alternative local exchange company.

(b) has applications pending to be certificated as an alternative local exchange company.

(c) is certificated to operate as an alternative local exchange company.

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Submit the following:

A. Financial capability.

The application should contain the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated. *1st YEAR IN BUSINESS DO NOT HAVE.*

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet:
2. income statement: and

3. **statement of retained earnings.**

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Ayesha Adams 02-19-99
Signature Date
President 904 766-7869
Title Telephone No.
Address: 2927 Almar place
Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT
- GLOSSARY

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____

(Title) _____ of (Name of Company) _____

_____ and current holder of Florida Public Service Commission Certificate Number # _____
_____ have reviewed this application and join in the petitioner's request for
a:

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature _____

Date _____

Title _____

Telephone No. _____

Address: _____

Fax No. _____

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

| | |
|----------|----------|
| 1) _____ | 2) _____ |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

| | |
|----------|----------|
| 1) _____ | 2) _____ |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

| <u>POP-to-POP</u> | <u>OWNERSHIP</u> |
|-------------------|------------------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

| | |
|----------------------------------|-----------------------|
| <u>Quanta Robinson</u> | <u>2-19-99</u> |
| Signature | Date |
| <u>President</u> | <u>766-7869</u> |
| Title | Telephone No. |
| Address: <u>7927 Almar Place</u> | <u>(904) 710-5081</u> |
| | Fax No. |
| _____ | |
| _____ | |
| _____ | |

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Compact Fictitious Name

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Document Number

Owners FEI Number

Owners Document Number

County - Registrations filed Last
Week

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02/18/99

FICTITIOUS NAME DOCUMENT SCREEN

SUMMARY FOR FILING: G99048900058

STATUS: ACTIVE

Current Owners: 0003

Pages in all forms/attachments: 0001

Name TALK AMERICA

FI

EXPI

Coun

Events fi

Addr 8829 LEMTURNER ROAD

JACKSONVILLE, FL 32208

1) OWNER ROBERSON, AYESHA Z

7927 ALMAR PLACE

JACKSONVILLE, FL 32208

2) OWNER MCCAIN, MONIQUE D

11050 HARTS ROAD #1006

JACKSONVILLE, FL 32216

[More Summary](#)

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Document Number

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Owners Document Number

County - Registrations filed Last
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FICTITIOUS NAME DOCUMENT SCREEN

SUMMARY FOR FILING G99048900058 (continued)

3) OWNER WILLIAMS, CANDIA V.
8823 LEMTURNER ROAD
JACKSONVILLE, FL 32208

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** NO HISTORY **

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