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FPSC-RECORDS/REPORTING

State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

RETURN TO SENDER

NO SUCH ADDRESS

UNCLAIMED

ATTEMPTED NOT DELIVERED

NO SUCH STREET

VACANT

NO RECEIPT

NOT DELIVERED TO FORWARDING UNIT

UNDELIVERABLE FOR OTHER REASON

**CERTIFIED MAIL**

Return Receipt Requested

No. 91-170.....

Name Atlas Communications and Telephone, Inc.

1st Notice 2/27/79

2nd Notice 3/1/79

Return 3/5/79



Atlas Communications and Telephone, Inc.  
Mark R. Colodre  
370 W. Camino Gardens Blvd., Suite 400  
Boca Raton, FL 33432-5808

X 723



PS Form 3811, December 1984

**1. Recipient By: (Print Name)**  
Atlas Communications and Telephone, Inc.  
Mark R. Colodre  
370 W. Camino Gardens Blvd., Suite 400  
Boca Raton FL 33432-5808

**2. Addressee's Address (Only if requested and fee is paid)**

**3. Addressee's Address (Only if requested and fee is paid)**

**4. Signature: (Address or Agent)**  
X

**5. Return Receipt Requested:**  
 Return Receipt Requested  
 Return Receipt Requested  
 Return Receipt Requested  
 Return Receipt Requested

**6. Domestic Return Receipt**

981683

91-170

**FLORIDA PUBLIC SERVICE COMMISSION**  
Attachment For Filing Regulatory Assessment Fee Return  
(Interchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND*  
*On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the twelve-month period January 1 through December 31.*

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEE'S:** Each company shall pay 0.0015 of its gross operating revenues derived from interstate business, as referenced in Rule 25-4.016(1)(b), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Interstate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

3. **FAILURE TO FILE BY THE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of the due fee, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25%. (Class 10). In addition, interest shall be added to the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year. (Class 11).

*When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A utility, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed Request for Extension to File Regulatory Assessment Fee Return form (PGC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

*0.25% of the fee to be received for an extension of 15 days or less, or*  
*1.5% of the fee for an extension of 16 to 30 days.*

In lieu of paying the charge outlined above, a utility may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the actual due date, the utility shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charge, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the return file.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.

6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should ensure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (904) 413-6480.

For assistance on telecommunications facilities, please contact the Division of Communications at (904) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the situation of the division.



# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

\_\_\_\_\_ Actual Return  
 \_\_\_\_\_ Estimated Return

**TD40**  
**Atlas Communications and Telephone, Inc.**  
**370 W. Camino Gardens Blvd., Suite 400**  
**Boca Raton, FL 33432-5808**

**PERIOD COVERED:**  
 01/01/1997 TO 12/31/1997

FOR PSC USE ONLY	
Check#	_____
\$ _____	000001
\$ _____	000001
\$ _____	P
\$ _____	000001
\$ _____	000011
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	( _____ )	( _____ )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment	_____	_____
11.	Interest for Late Payment	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ _____

\*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenues for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.506, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$90

**CURRENT COMPANY STATUS**

( ) Facilities-Based Carrier ( ) Reseller ( ) Call Aggregator  
 ( ) Alternate-Operator Service ( ) Reseller ( ) Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) \_\_\_\_\_  
 (Telephone) \_\_\_\_\_  
 What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 19\_\_\_\_  
 What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES ( ) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)  
 \_\_\_\_\_  
 (Please Print Name) Telephone Number ( ) Fax Number ( )  
 F.E.I. No. \_\_\_\_\_