



# Public Service Commission

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

**DATE:** September 15, 1999

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

**FROM:** Toni J. McCoy, *TJM* Regulatory Analyst, Division of Telecommunications

**SUBJECT:** Open Docket No. 990826-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by M. S. Payphone Repair.

**Change to:**

Application for certificate to provide pay telephone service by Michael W Sorrell d/b/a M. S. Payphone Repair.

**NOTE:** See the attached Dept. of State Filings. Please call if you have any questions, 413-6532.

Thank you.

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAP \_\_\_\_\_
- COM \_\_\_\_\_
- CTP \_\_\_\_\_
- LAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- SEC \_\_\_\_\_
- WAW \_\_\_\_\_
- OTR \_\_\_\_\_ *ef. Blonnye*

DOCUMENT NUMBER-DATE

11095 SEP 15 89

FPSC-RECORDS/REPORTING



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 13, 1999

M.S. PAYPHONE REPAIR  
105 MACKENY WOODS RD.  
SOPCHOPPY, FL 32358

Subject: **M.S. PAYPHONE REPAIR**

REGISTRATION NUMBER: **G99256900193**

This will acknowledge the filing of the above fictitious name registration which was registered on September 13, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Reinstatement Section  
Division of Corporations

Letter No. 199A00045070

**APPLICATION FOR  
REGISTRATION OF FICTITIOUS NAME**

**FILED**

99 SEP 13 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Section 1

1. M.S. Payphone Repair  
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

2. 105 Mackery Woods Rd.  
Mailing Address of Business  
Sopchoppy, FL 32358  
City State Zip Code

3. Florida County of principal place of business: Wakulla

4. FEI Number: 590050577

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. Sorrell Micheal W  
Last First M.I.  
POB 188  
Address  
Sopchoppy, FL 32358  
City State Zip Code  
SS# 590-06-0677

2. \_\_\_\_\_  
Last First M.I.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
SS# \_\_\_\_\_

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. \_\_\_\_\_  
Entity Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

2. \_\_\_\_\_  
Entity Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

\_\_\_\_\_  
Signature of Owner Date  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date  
Phone Number: \_\_\_\_\_

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

099256900193  
-09/13/99--01125--003  
\*\*\*\*\*50.00

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
**FILING FEE: \$50**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (12/98)