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SERVICE COMMISSION
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****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

991887-TC

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

DEPOSIT	DATE
D 2 17	DEC 07 1999

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

DOCUMENT NUMBER-DATE
15112 DEC-99
FPSC-RECORDS/REPORTING

1. Name of company or name of individual (not fictitious name or d/b/a):

Scott + Corinna Almeida

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

SC Communications

3. Official mailing address:

Street: 2214 Longmore Circle

P.O. Box: _____

City: Valrico

State: Florida Zip: 33594

4. Florida address:

Street: 2214 Longmore Circle

P.O. Box: _____

City: Valrico

State: Florida Zip: 33594

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

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

Florida Secretary of State
Corporate Registration Number: _____

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: _____

G 99 266 9000 71

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: Scott + Corinna Almeida

Title: Owners

Address: 2214 Longmore Circle

City/State/Zip: Valrico, Florida 33594

Telephone No.: 813-661-2018 Fax No.: —

Internet E-Mail Address: —

Internet Website Address: —

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

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: Scott + Corinna Almeida
Title: Owners
Address: 2214 Longmore Circle
City/State/Zip: Valrico, FL 33594
Telephone No.: 813-661-2018 Fax No.: —
Internet E-Mail Address: —
Internet Website Address: —

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Scott + Corinna Almeida
Title: Owners
Address: 2214 Longmore Circle
City/State/Zip: Valrico, FL 33594
Telephone No.: 813-661-2018 Fax No.: —
Internet E-Mail Address: —
Internet Website Address: —

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: YES, FOUND GUILTY OF DRUG TRAFFICKING

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None

b. Has applications pending to be certified as a pay telephone provider.

None

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None N/A

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

None N/A

16. Please check (✓) the services that will be provided:

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

(✓) OTHER (Describe)

Collect calls

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7-14

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____

****APPLICANT FEE/TAX STATEMENT****

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the 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 the 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 **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

Coranna Almeida
Scott Almeida
Print Name

Coranna Almeida
Scott Almeida
Signature

Owners
Title

11/29/99
Date

813-661-2018
Telephone No.

Fax No.

Address: 2214 Longmore Circle
Valrico, FL 33594

ACKNOWLEDGMENT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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:

Cokinna Almeida
SCOTT Almeida
Print Name



Signature

Owners
Title

11/29/99
Date

813-661-2018
Telephone No.

Fax No.

2214 Longmore Circle
Valrico, FL 33594
Address:

****APPLICANT ACKNOWLEDGMENT****

Applicant: Scott + Corinna Almeida

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Corinna Almeida
Scott Almeida
Print Name

Corinna Almeida
Scott Almeida
Signature

Owners
Title

11/29/99
Date

813-661-2018
Telephone No.

Fax No.

Address: 2214 Longmore Circle
Valrico, FL 33594

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 24, 1999

SC COMMUNICATIONS
2214 LONGMORE CIRCLE
VALRICO, FL 33594

Subject: **SC COMMUNICATIONS**

REGISTRATION NUMBER: **G99266900071**

This will acknowledge the filing of the above fictitious name registration which was registered on September 24, 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.

Enclosed is your certificate(s) as requested.

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

/tg
Division of Corporations

Letter No. 599A00046770

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of SC COMMUNICATIONS, registered with the Department of State on September 24, 1999, as shown by the records of this office.

The Registration Number of this Fictitious Name is G99266900071.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-fourth day of September, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

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- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission



Paul Almeida
 Jeanette Almeida
 2214 Longmore Cir. 813-661-2018
 Valrico, FL 33594

63-751 3132
 631

Date Nov 29, 1999

Pay to the order of FL Public Service Commission \$ 100.00

One hundred and 00/100 ~~xx~~ Dollars

REDACTED

FIRST UNION NATIONAL BANK
 R/T 063107513

For SC Communications
Scott & Corinna Almeida

Jeanette Almeida MF

DOCUMENT NUMBER-DATE
15112 DEC-99
 FPSC-RECORDS/REPORTING