

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

001559-TA

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

DATE

D 3 1 1 8

OCT 17 2000

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 13).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

*Blanco Baya*

Note: A filing fee is required for the sale, assignment or transfer of an existing certificate to another company (see Chapter 25-24.730, F.A.C.).

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

**Florida Public Service Commission  
Division of Regulatory Oversight  
Certification Section  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6480**

This is an application for (check one):

(  ) **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 authority rather than apply for a new certificate.

(  ) **Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

(  ) **Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Southeastern Services, Inc

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

\_\_\_\_\_

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

1165 South Sixth Street

Maconey FL 32063

\_\_\_\_\_

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

*Same*

---

---

---

6. Structure of organization:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership    |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> 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:**  
P93000042344

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**, please 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:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**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): 59 3191884

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?  
 **Yes** ( ) **No**

(b) If not, who will bill for your services?

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

(c) Who will the billed party contact to ask questions about the bill?

**Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

(d) How is this information provided?

\_\_\_\_\_

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

(a) The application:

Name: MARK WOODS

Title: President

Address: PO Box 365

City/State/Zip: Macleary FL 32063

Telephone No.: 904 259 1300 Fax No.: 904 259 7606

Internet E-Mail Address: MARKWOOD@GISTFL.NET

Internet Website Address: \_\_\_\_\_

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

Name: Ken Kirkland

Title: VP op

Address: 1165 South Sixth Street

City/State/Zip: Macleary FL 32063

Telephone No.: 904 259 1300 Fax No.: 904 259 7606

Internet E-Mail Address: KTV@GISTFL.NET

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Ken Kirkland

Title: VP OPR

Address: 1165 South Sixth Street

City/State/Zip: Maconnery FL 32063

Telephone No.: 904 259 1300 Fax No.: 904 259 7606

Internet E-Mail Address: KTVO@regis1.net

Internet Website Address: \_\_\_\_\_

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

None

\_\_\_\_\_

(b) has applications pending to be certificated as an Alternative Access Vendor.

None

\_\_\_\_\_

(c) is certificated to operate as an Alternative Access Vendor.

None

\_\_\_\_\_

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

*none*

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

*none*

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

*none*

18. 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. If so, provide explanation.

*none*

(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.

*none*



19. The applicant will provide the following AAV services (check all that apply):

- a.  Intraexchange private line service to an affiliate.
- b.  Interexchange private line service to an affiliate.
- c.  Special access as part of a private line dedicated service.
- d.  Special access to an IXC switched network.
- e.  Private line services (Channel Services)
  - DS-0, 64 kb/s
  - DS-1, 1.54 Mb/s
  - DS-2, 6.31 Mb/s
  - DS-3, 44.76 Mb/s

**THIS PAGE MUST BE COMPLETED AND SIGNED**  
**\*\* APPLICANT ACKNOWLEDGEMENT 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 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 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.
5. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

**UTILITY OFFICIAL:**

<u>MARK Woods</u>	<u><i>Mark Woods</i></u>
<b>Print Name</b>	<b>Signature</b>
<u>President</u>	<u>10/12/00</u>
<b>Title</b>	<b>Date</b>
<u>904 259 1300</u>	<u>904 259 7606</u>
<b>Telephone No.</b>	<b>Fax No.</b>
<b>Address:</b> <u>1165 South Sixth Street</u>	
<u>Maccleary FL 32063</u>	
<u> </u>	

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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 access vendor 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."

**OFFICIAL:**

MARK WOODS

**Print Name**

President

**Title**

904 259 1300

**Telephone No.**

Mark Woods

**Signature**

10/12/00

**Date**

904 259 7606

**Fax No.**

**Address:**

1165 South Sixth Street

Mackey FL 32063

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has (X) or has not ( ) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

Resell of Phone Services in Baker County FL  
04/00 TX 301 is our Alcc Code

b) If the services are not currently offered, when were they discontinued?

\_\_\_\_\_  
\_\_\_\_\_

UTILITY OFFICIAL:

MARK Woods

**Print Name**

President

**Title**

904 259 1300

**Telephone No.**

Mark Woods

**Signature**

10/12/00

**Date**

904 259 7606

**Fax No.**

**Address:**

1165 South Sixth Street

Macclesney FL 32063

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

**DIVISION OF REGULATORY OVERSIGHT DEPOSIT**  
**CERTIFICATION SECTION**

DATE

D 3 7 0 0

OCT 17 2000

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 13).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

*Blanco Bana*

**Note: A filing fee is required for the sale, assignment or transfer of an existing certificate to another company (see Chapter 25-24.730, F.A.C.).**

**SOUTHEASTERN SERVICES, INC.**  
P.O. BOX 365 PH. (904) 259-8600  
MACCLENY, FL 32063

COMMUNITY NATIONAL BANK  
595 South Sixth Street  
Macclenny, FL 32063

11036

63-1228  
631

CHECK NO.  
00011036

**\*\* TWO HUNDRED FIFTY DOLLARS AND 00 CENTS \*\***

DATE  
10/13/00

AMOUNT  
\*\*\*\*\*250.00

PAY TO THE ORDER OF  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee FL 32399-0850

DOCUMENT NUMBER-DATE

13129 OCT 16 2000

MEMO: aav cert

AUTHORIZED SIGNATURE

FPSC-RECORDS-CERTIFICATION

Security features are included. Details on back.