

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

001800-TC

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

3. Official mailing address:  
Street: 8595 Beach Blvd #310  
P.O. Box: \_\_\_\_\_  
City: Jacksonville  
State: Florida Zip: 32216

4. Florida address:  
Street: 8595 Beach Blvd #310  
P.O. Box: \_\_\_\_\_  
City: Jacksonville  
State: Florida Zip: 32216

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

DOCUMENT NUMBER - DATE  
16117 DEC 18 08  
EPCP - RECORDS REPORTING

Look for blue background on the front of this check, and the ImageSafe® logo on back. If not present, do not cash.

**BALANCE, INC.**  
5530 BEACH BLVD.  
JACKSONVILLE, FL 32207

2341

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION DATE 12/10/00 \$ 100 <sup>XX</sup>

ONE HUNDRED & XX / 100 DOLLARS

**Bank of America**  
ACH R/T 063000047

FOR \_\_\_\_\_ *Wildner*

63-4/630 FL 346

Security Markings on back

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

**DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION**

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

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**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. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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:

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

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

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

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1. Name of company or name of individual (not fictitious name or d/b/a): Balance Inc 001800-TC

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

3. Official mailing address:  
Street: 8595 Beach Blvd #310  
P.O. Box: \_\_\_\_\_  
City: Jacksonville  
State: Florida Zip: 32216

4. Florida address:  
Street: 8595 Beach Blvd #310  
P.O. Box: \_\_\_\_\_  
City: Jacksonville  
State: Florida Zip: 32216

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: 796000048961

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: N/A

8. F.E.I. Number (if applicable): 59 338 2248

9. If individual, provide:

Name: N/A

Title: N/A

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

1. Name: N/A

Title: N/A

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

10. Partnership (continued)

2. Name: N/A  
Title: N/A  
Address: N/A  
City/State/Zip: N/A  
Telephone No.: N/A Fax No.: N/A  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

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

1. The application:

Name: DENISE URFF  
Title: OFFICE MANAGER  
Address: 8595 BEACH BLVD # 310  
City/State/Zip: JACKSONVILLE FL 32216  
Telephone No.: 904 346 0024 Fax No.: 904 396 0907  
Internet E-Mail Address: CEBALANCE@BOL.COM  
Internet Website Address: N/A

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

Name: SAME AS ABOVE  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ 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: \_\_\_\_\_

NONE

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:**

1. Is currently providing pay telephone service.

NONE

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

NONE

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

NONE

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

NONE

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

( ) OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 100

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:**

STEVE WILDMAN	
Print Name	Signature
PRESIDENT	12/10/00
Title	Date
904 346 0024	904 396 0907
Telephone No.	Fax No.
Address: 8595 BEACH BLVD # 310	
JACKSONVILLE FL 32216	


## \*\*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:

<u>STEVE WILDMAN</u>	
<b>Print Name</b>	<b>Signature</b>
<u>PRESIDENT</u>	<u>12/10/00</u>
<b>Title</b>	<b>Date</b>
<u>904 346 0024 (265 2320)</u>	<u>904 396 0907</u>
<b>Telephone No.</b>	<b>Fax No.</b>
<b>Address:</b>	
<u>8595 BEACH BLVD</u>	
<u>JACKSONVILLE FL 32216</u>	
<u> </u>	
<u> </u>	

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: BALANCE INC. / STEVE WILDMAN

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

STEVE WILDMAN

Print Name

PRESIDENT

Title

904 346 0024

Telephone No.



Signature

12/10/00

Date

904 3 6 09 07

Fax No.

Address:

8595 BEACH BLVD # 310

JAX FL 32216

**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.**