

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

**ORIGINAL**

<b>Date</b>	05/30/02	<b>Docket No.</b>	020479 - TC
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<b>1. Division Name/Staff Name:</b>	Division of Competitive Markets & Enforcement/Isler
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**2. OPR: Division of Competitive Markets & Enforcement/Isler**

**3. OCR: Office of the General Counsel**

**4. Suggested Docket Title: Cancellation by Florida Public Service Commission of PATS Certificate No. 4589 issued to Jeff & Sandi Lund d/b/a Lund Communications for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.**

**5. Suggested Docket Mailing List (attach separate sheet if necessary)**

**A. Provide NAMES OR ACRONYMS ONLY if a regulated company.**

**B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)**

**1. Parties and their representatives (if any):**


**2. Interested persons and their representatives (if any):**


**6. Check one:**

**Documentation is attached.**

**Documentation will be provided with recommendation.**

PSC\CCA010-C (Rev 10/01)

DOCUMENT NUMBER-DATE

05724 MAY 30 08

FPSC-COMMISSION CLERK

STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
BRAULIO L. BAEZ  
MICHAEL A. PALECKI  
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
WALTER D'HAESELEER  
DIRECTOR  
(850) 413-6600

## Public Service Commission

April 26, 2002

Mr. Jeff Lund  
Lund Communications  
981 Garlenda Avenue, SW  
Palm Bay, FL 32908-7610

Dear Mr. Lund:

On March 11, 2002, you called me and stated that you had forgotten to notify the Commission that you were no longer in the paphone business and wanted to cancel your certificate. You also asked me to mail you the 2002 Regulatory Assessment Fee (RAF) return. I mailed the form on the same date, with a note asking you to write a note on the form or enclose a separate letter requesting cancellation. On April 1, 2002, the Commission received our service violation correction form back from you dated March 12, 2002, which stated, in part, "I am requesting termination of my certification." As of this date, the Commission has not received payment of the 2002 RAF or a date certain it would be paid.

Before I can recommend a voluntary cancellation, the company must comply with Rule 25-24.514(2), Florida Administrative Code, copy enclosed. The RAF is applicable if a certificate is active for any one day during a calendar year, even if a company was not operating or had any revenues during that period. A copy of the 2002 RAF return form is enclosed in case you want to go ahead and send in the minimum \$50 RAF. If payment is not made, you must provide a date certain payment will be made.

As information, the alternative to a voluntary cancellation is an involuntary cancellation. The difference between the two types of cancellations is that if the Commission cancels your certificate involuntarily, any unpaid RAFs will be turned over to collections.

Please review this information and let me know by May 17, 2002, how you wish to proceed. In the meantime, if you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax, at the address below, or via internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us).

Mr. Jeff Lund  
Page 2  
April 26, 2002

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures

**25-24.514 Cancellation of a Certificate.**

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
  - (b) Violation of Commission rules or orders;
  - (c) Violation of Florida Statutes; or,
  - (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002 003001
\$ _____	P 0603002 004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

STATUS:

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

TF653-02-0-R  
 Lund Communications  
 981 Garlenda Avenue, S.W.  
 Palm Bay, FL 32908-7610

cc: P. Isler

PERIOD COVERED:  
1/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
	Gross Operating Revenue (Florida)	\$ _____
	Gross Intrastate Revenue	_____
	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	<b>\$ _____</b>
	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
	<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

Number of pay telephones in operation at close of period covered by this Return \_\_\_\_\_

These amounts must be intrastate only and must be verifiable.

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 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 official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)	(Title)	(Date)
(Preparer of Form - Please Print Name)	Telephone Number ( _____ )	Fax Number ( _____ )
	F.E.I. No. _____	

## Paula Isler

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**From:** Martha Coggins  
**Sent:** Monday, April 22, 2002 11:04 AM  
**To:** Paula Isler  
**Subject:** RE: Recent payments

None of the listed company codes have sent in payment for 2001 or 2002.

Thanks

-----Original Message-----

**From:** Paula Isler  
**Sent:** Monday, April 22, 2002 9:59 AM  
**To:** Martha Coggins  
**Subject:** Recent payments

Good morning, Martha. Before I open dockets to cancel the following certificates, I need to know if payments have been received recently. The RAF System shows that payments have not been posted, but you had showed me that new program where you could check for payments not yet posted. The company codes are:

TJ548 and TX434 - Arbros Communications (owes 2001 and 2002, each cert.)  
TF739 - B.K. Hartley (owes 2001 and 2002)  
TG254 - Branch Associates, Inc. (owes 2001 and 2002)  
TJ182 and TX271 - Compass Telecommunications (owes 2001 & 2002, each cert.)  
TI652 - Interoute-Wholesale (owes 2001 and 2002)  
TF653 - Lund Communications (owes 2002)  
TJ496 - Metstream Communications (owes 2001 and 2002)  
TF895 - Proline Communications (owes 2001 and 2002)  
TJ318 - Sprawl.net.com (owes 2001 and 2002)

Thanks.

March 6, 2002

SERVICE VIOLATION CORRECTION FORM  
JEFF & SANDI LUND D/B/A LUND COMMUNICATIONS

TF653.02001

SIGNED: *[Signature]*

DATE: 12 MAR 02

NUMBER

CORRECTION

3217579934

3217529862

These two ANI'S were acquired  
by Brevard Payphone systems prior  
to date of evaluation.

I am requesting termination of my  
Certification.

2002 APR - 1 AM 11:20  
DIVISION OF  
COMPETITIVE SERVICES

March 11, 2002

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850

**TO:**

Jeff Lund

VOICE:

FAX:

**FROM:**

Paula Isler

Voice: (850) 413-6502

Fax: (850) 413-6503

**RE:**

TF653  
Jeff & Sandi Lund d/b/a  
Lund Communications

Dear Mr. Lund:

When you return the completed 2002 RAF return, along with payment, please write on the form "Please cancel my certificate immediately" or enclose a letter requesting cancellation. As soon as it is received, we will open a docket to voluntarily cancel your certificate.

Let me know if you have any questions. Thanks,

Paula Isler



## Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
01/01/2002 TO 12/31/2002

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

TF653-02-0-R  
 Lund Communications  
 981 Garlenda Avenue, S.W.  
 Palm Bay, FL 32908-7610

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603002  
003001

\$ \_\_\_\_\_ P  
0603002  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

9. Number of pay telephones in operation at close of period covered by this Return \_\_\_\_\_

\* These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
(Signature of Company Official)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

F.E.I. No. \_\_\_\_\_

**FLORIDA PUBLIC SERVICE COMMISSION**  
Instructions For Filing Regulatory Assessment Fee Return  
(Pay Telephone Service Provider)

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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 prior 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. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate 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 on Line 3.

On Line 3, deduct any amount paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. ***Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals.*** **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to 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 request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted 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 charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, 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 reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any 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 records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** 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
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7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.