URIGINAL

** FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF COMMUNICATIONS

BUREAU OF SERVICE EVALUATION 1 92

DATE

AUG 2 6 1999

<u>APPLICATION FORM</u>

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

991771-1X

Instructions

- This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- 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 <u>Records and Reporting</u> 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission Division of Communications Bureau of Certification and Evaluation 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600 SERVICE COMPLESION
SERVICE COMPLESION
SERVICE COMPLESION
SHALL ROCM

DOCUMENT NUMBER-DATE

10243 AUG 26 Sh

FPSG-RECORDS/REPORTING

APPLICATION

1.	This is an application for √ (check one):			
	(X) 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 of authority.			
	 Approval of assignment of existing certificate: <u>Example</u>, a certificated company purchases an existing company and desires to retain the certificate of authority of that company. 			
	 Approval of transfer of control: <u>Example</u>, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity. 			
2.	Name of company:			
	Florida Phone Systems, Inc. Name under which the applicant will do business (fictitious name, etc.):			
3.	Name under which the applicant will do business (fictitious name, etc.):			
	Florida Phone Systems Inc.			
4.	Official mailing address (including street name & number, post office box, city, state, zip code):			
	3499 NW 97th Blud.			
	Ste. 7			
	Gainesville, FL 32606			
5.	Florida address (including street name & number, post office box, city, state, zip code):			
	3499 NW 97th Blud, Ste. 7			
	Gainesville FL 32604			

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815

Page 1 of 11

Structure	of organization:		
() Foreig	dual (X) Corporation gn Corporation () Foreign Partnership ral Partnership () Limited Partnership		
() (Other		
If individual, provide:			
Address	:		
City/Stat	e/Zip:		
Telephoi	ne No.: Fax No.:		
Internet I	E-Mail Address:		
internet \	Website Address:		
lf incorp	orated in Florida, provide proof of authority to operate in Florida:		
(a)	The Florida Secretary of State corporate registration number:		
	EIN 59-2862084		
if foreigr	corporation, provide proof of authority to operate in Florida:		
(a)	The Florida Secretary of State corporate registration number:		
If using f	/ ictitious name-d/b/a, provide proof of compliance with fictitious name		

FORM PSC/CMU 8 (ALEC) (6/98)
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	(a)	The Florida Secretary of State fictitious name registration number:				
11.	lf a lin	nited liability partnership, provide proof of registration to operate in Florida:				
	(a)	The Florida Secretary of State registration number:				
12.	12. <u>If a partnership</u> , provide name, title and address of all partners and a copy of the partnership agreement.					
	Name	<u> </u>				
	Title:					
		ss:				
	City/S	tate/Zip:				
	Telep	hone No.:Fax No.:				
	Intern	et E-Mail Address:				
	Intern	et Website Address:				
.*						
13. Iimi		oreign limited partnership, provide proof of compliance with the foreign thership statute (Chapter 620.169, FS), if applicable.				
	(a)	The Florida registration number:				
14.	Prov	Provide <u>F.E. I. Number</u> (if applicable):				
15. pre		Indicate if any of the officers, directors, or any of the ten largest stockholders have iously been:				
		djudged bankrupt, mentally incompetent, or found guilty of any felony or of any hether such actions may result from pending proceedings. Provide				
		N/A				

(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.				
no, amployee or stockholder has previously				
Deen an emphayee or Stockholder for any				
Other Florida Certificated telephone company				
16. Who will serve as liaison to the Commission with regard to the following?				
(a) The application:				
Name: Lejann Metnis				
Title: Telco Liason				
Address: 3499 NW 97th Blud, Ste, 7				
City/State/Zip: Gounesville FL 32606				
Telephone No.: 352 331 0424 Fax No.: 352 331 2824				
Internet E-Mail Address: FI- Phone @ CCGNV. Net				
Internet Website Address: N/H				
(b) Official point of contact for the ongoing operations of the company:				
Name:				
Title: Dispatch Coordinator				
Address: 3499 NW 97th BIVU, Ste. 7				
City/State/Zip: Gamesville FL 32606				

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Required by Commission Rule Nos. 25-24.805.
25-24.810, and 25-24.815

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Telephone No.: 352 331 042 4 Fax No.: 352 331 2824
Internet E-Mail Address: fl-Phone @ CCGHV: net
Internet Website Address:
(c) Complaints/Inquiries from customers:
Name: Leiann McInnis
Title: Telco Liason
Address: 3499 NW 97th Blud, Ste. 7
City/State/Zip: Gainesville, FL 32606
Telephone No.: 352-331-0424 Fax No.: 352-331-2824
Internet E-Mail Address: fl-phone@ccgnv.net
Internet Website Address:
17. List the states in which the applicant:
(a) has operated as an alternative local exchange company.
Florida Phone Systems, Inc. has never operate
as an ALEC in any State.
 (b) has applications pending to be certificated as an alternative local exchange company.
There are no pending applications.
(c) is certificated to operate as an alternative local exchange company.
There are no other ALEC certificates
FORM PSC/CMU 8 (ALEC) (6/98) Required by Commission Rule Nos. 25.24.805

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805.
25-24.810. and 25-24.815
Page 5 of 11

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.
Elorida Phone Systems has never been
denied ALEC authority.
f ·
 (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.
There have been no imposed penalties
for Statutes violations
(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.
There have been no civil court proceedings
of any Kind
18. Submit the following:
A. Financial capability.
The englication about a contain the applicantle audited financial statements for the

The application <u>should contain</u> the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

- 1. the balance sheet:
- 2. income statement; and

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815

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3. statement of retained earnings.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Further, the following (which includes supporting documentation) should be provided:

- 1. <u>written explanation</u> that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- 2. <u>written explanation</u> that the applicant has sufficient financial capability to maintain the requested service.
- 3. <u>written explanation</u> that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

- David Draper-financial - 850-413-7082 - Technologi Management write-Park Tarrif.

** 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 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.

UTILITY OFFICIAL:	
Beef Duguel	7125199
Signature	Date
President	352-331-0424
Title	Telephone No.
Address: 3499 NW97th Blvd	352-331-2824
Suite 7	Fax No.
Gainesville FL 32606	

ATTACHMENTS:

- A CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B INTRASTATE NETWORK
- C AFFIDAVIT
 - GLOSSARY

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815

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** APPENDIX A **

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

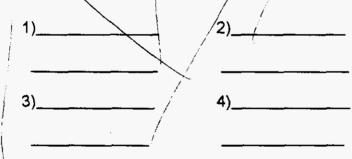
/T:4(-)	of (No. 20 of Open 20
(Title)	of (Name of Company)
	Service Commission Certificate Number # his application and join in the petitioner's request for
() assignment	
of the above-mentioned certificate.	
UTILITY OFFICIAL:	
Signature	Date
Title	Telephone No.
Address:	Fax No.

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.]

1.	POP.	Addresses where	Incated	and indicate	if owned	or i	hasea
Ι.	TUT:	Addresses where	TOCALEU,	and indicate	ir owned	OFI	easea





3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

POP-to-POP	<u>OWNERSHIP</u>
1)	
2)	
3)	
4)	

** APPENDIX C **

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 local exchange company 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."

Signature	Date
Title	Telephone No.
Address:	Fax No.
	Fax NU.

UTILITY OFFICIAL:

Financial Resume:

To maintain the business at its current level of operation, Florida Phone now has a credit line of \$120,000 available. Should further assets be required for expansion of business, an additional line of credit will be obtained.

· Technical Resume:

Florida Phone has been in operation for the past 15 years as an interconnect. Steve Jones is exclusively responsible for training and supervision of all technicians. Thoroughly knowledgeable in all aspects of different phone systems marketed by the company. Plans wiring installation of computer networks.

'Managerial Resume:

Florida Phone was founded on the idea of renting business phone systems and has developed over time from a one person operation to a business operating with 16 employees. Brad Diugiud has handled all major business decisions as well as marketing and sales. It now branches out into CTI, computer network wiring, routers, sales/lease/purchase of phone systems and voice mail systems. The addition of these products has increased annual volume in the last 6 years from \$500,000 to \$1,500,000.

r'lorida Phone Systems, Inc. Balance Sheet December 31, 1998 Page 1

ASSETS

Current Assets: Cash in Bank - Checking Cash-Savings Cash in Bank-Payroll Cash-Auctions Accounts Receivable - Trade Inventory Total Current Assets	25,203.99 994.79 10,269.69 3,266.67 64,705.46 47,067.25 151,507.85
Fixed Assets:	
Computers	3,722.50
Automobile	28,713.17
Equipment (Client Rental)	419,534.97
Rec Office Building	35,200.00
Rec Land	8,800.00
Furniture & Fixtures	614.26
Total Fixed Assets	496,584.90
Accumulated Depreciation	-249,730.00
Accum Deprecation Office	-1,165.56
Fixed Assets	245,689.34
Other Assets:	
Total Assets	397,197.19

florida Phone Systems, Inc.
Balance Sheet
December 31, 1998
Page 2

LIABILITIES & EQUITY

Current Liabilities: Accounts Payable - Trade Federal Withholding Payable F.I.C.A. Withholding Payable Unemployment Compensation State Unemployment Sales Taxes Payable Total Current Liabilities Short Term Liabilities: Barnett Credit Line Truck Payment	28,911.65 30.78 50.44 98.64 400.76 -1,405.27 28,087.00 34,458.50 20,309.45
Long-Term Liabilities: Loan Payable Steve Smith Total Long-Term Liabilities Total Liabilities	42,112.18 96,880.13 124,967.13
Stockholders Equity: Shareholders Distribution Paid In Capital Accumulated Adjustments Current Period Profit (Loss) Total Stockholders Equity Total Liabilities & Equity	-35,850.00 500.00 194,028.25 113,551.81 272,230.06 397,197.19

rlorida Phone Systems, Inc. Income Statement 1 Month Period Ending December 31, 1998 and Year to Date Page 3

	Current Amount	Period	Year To Amount	Date %
Revenues:				
Sales Product #1	27,238.39	70.66	321,873.83	32.21
Sales Product Jobber	0.00	0.00	91,611.72	9.17
Sales Product- Auctions	1,209.46	3.14	39,971.69	4.00
Consulting Fees (Essex)	0.00	0.00	56.48	0.01
Consulting Fees (BellSouth)	9,251.74	24.00	112,383.40	11.24
Rentals	-123.52	-0.32	319,799.65	32.00
Service & Installation	1,022.13	2.65	113,237.51	11.33
Returns and Allowances	-50.00	-0.13	510.00	0.05
Total Revenues	38,548.20	100.00	999,444.28	100.00
Cost of Goods Sold:				
Materials	29,339.09	76.11	318,455.43	31.86
Freight	361.40	0.94	2,056.66	0.21
Rebate	0.00	0.00	-44,824.39	-4.48
Total Cost of Goods Sold	29,700.49		275,687.70	27.58
Gross Profit	8,847.71	22.95	723,756.58	72.42
Ologo ilolic	0,041.11	22.73	125,150.50	12.42
Operating Expenses:				
Accounting	0.00	0.00	2,215.00	0.22
Alarm Monitoring	0.00	0.00	54.00	0.01
Advertising:				
Newspaper	0.00	0.00	259.20	0.03
Periodicals	0.00	0.00	2,784.71	0.28
T.V./Radio	0.00	0.00	54.90	0.01
Tel. Yellow Pages	1,169.25	3.03	14,454.07	1.45
AmEx Dues	0.00	0.00	21.00	0.00
Auto Evnongo.				
Auto Expense:	554.91	1.44	4,608.94	0.46
Maintenance & Repairs	128.82	0.33	1,962.09	0.20
Rentals	3,199.48	8.30	30,137.39	3.02
Gas & Oil	2,457.44	6.37	8,600.44	0.86
Bad Debt Account	2,437.44	0.57	0,000.44	0.00
Bank Charges:	0.00	0.00	1,592.90	0.16
Service charges Interest Paid	278.55	0.72	3,716.51	0.37
Benefits:	270.55	0.72	3,.10.51	0.0.
Life Insurance	0.00	0.00	105.50	0.01
	50.00	0.13	220.00	0.02
Charitable Contributions	210.00	0.13	1,299.85	0.13
Dues & Subscriptions	206.96	0.54	1,731.12	0.17
Entertainment Ereight Out	393.34	1.02	5,233.68	0.52
Freight Out	373.34	1.02	3,233.00	V.J.

Income Statement 1 Month Period Ending December 31, 1998 and Year to Date Page 4

	Current Period		Year To Date	
	Amount	*	Amount	ક
_				
Insurance Auto:	010 44	0 55	0.510.60	
Ford 98'	218.44	0.57	2,510.62	0.25
Insurance Group Health:	2 072 00	10 05	10 640 40	1 07
FL Health Access Admn Fee	3,873.29	10.05	19,648.40	1.97
Insurance Business:	0.00	0 00	12 022 06	1 20
Workman's Comp. Insurance Insuarance House	0.00		12,932.86 -3.00	1.29 0.00
Legal Services	0.00		200.00	0.00
Miscellaneous	1,495.75		5,804.43	0.58
Misc. Tax & Fees	87.30		1,666.18	0.17
Office Supplies	340.14		8,178.18	0.82
Shirts/Pants	0.00		317.16	0.03
Office Equipment Rental	0.00		328.35	0.03
Payroll:	0.00	0.00	520.55	0.03
Salaries	6,175.00	16.02	64,730.00	6.48
Wages Office	5,409.76		54,270.08	5.43
Wages-Installers	13,463.18		141,101.84	14.12
Commissions - Auctions	4,205.00		45,943.09	4.60
Bonus	1,000.00		2,750.00	0.28
Postage	250.00		1,624.28	0.16
Rent- Office	2,088.20		7,110.68	0.71
Repairs	181.47		7,617.18	0.76
Restocking Charge	0.00		120.12	0.01
Software Support	102.80		4,868.75	0.49
Supplies- Installation	2,825.46		79,748.64	7.98
Taxes:	•		•	
State Unemployment	0.00	0.00	3,755.35	0.38
Tangible Property Tax	27.12		3,901.29	0.39
Corporate Tax	0.00	0.00	150.00	0.02
Telephone Expense:				
ATC	0.00	0.00	1,545.65	0.15
MCI	8.40	0.02	2,285.52	0.23
Southern Bell	958.48	2.49	11,332.07	1.13
AllTel Mobile	457.29	1.19	5,785.36	0.58
United Telephone	280.34	0.73	2,535.79	0.25
Dial A Page	340.20	0.88	4,153.20	0.42
Travel Expense	1,107.73	2.87	4,284.99	0.43
Utilities	214.59	0.56	1,672.13	0.17
Payroll Taxes	2,130.82	5.53	23,228.90	2.32
Total Operating Expenses	55,889.51	144.99	605,149.39	60.55
Net Profit (Loss)	-47,041.80		118,607.19	11.87
Net Profit (Loss) After Tax	-47,041.80		118,607.19	11.87
Investment Expense Account	-459.58	-1.19	-5,055.38	-0.51

991221-TX

** FLORIDA PUBLIC SERVICE COMMISSION **

BUREAU OF SERVICE EVALUATION 1 92

DATE

AUG 2 6 1999

APPLICATION FORM

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

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

If you have questions about completing the form, contact:

BECEIVED
FLORIDA PUBLIC
FLORIDA PUBLIC
FLORIDA PUBLIC
FLORIDA PUBLIC
SERVICE COMMISSION
MAIL ROOM
MAIL ROOM

Florida Public Service Commission

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS DATE AMOUNT	FLORIDA PHONE SYSTEMS
	PH. 904-331-0424 3499 N.W. 97TH BLVD., NO. 7 GAINESVILLE, FL 32606 DATE 63-4/630 FL 9811
TOTAL	JWO Hundred Fifty and or 1000 DOLLARS
TOTAL DEDUCTIONS	Iwo Hundred Fifty and 00/100 DOLLARS
AMOUNT OF CHECK	NationsBank NationsBank, N.A.DOCUMENT NUMBER-DATE ACH RIT 063000047
	10243 AUG 26 8 2 cad Duyon
# n.O 7 O 5 5 6	IIII