

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

001221-TX

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 Records and Reporting
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 Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

APPLICATION

1. 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 of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

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

2. Name of company:

S.F.M. & T. INC

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

SAME AS ABOVE

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

15398 S.W. 153rd STREET

MIAMI FL. 33187

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

SAME AS ABOVE

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() 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:

P 99000014958

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**, provide 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): _____

15. 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. 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

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

(a) The application:

Name: THOMAS E. TERWILLIGER

Title: PRES

Address: 15398 S.W. 153RD STREET

City/State/Zip: MIAMI FL 33187

Telephone No.: 305 375 0553 Fax No.: 305 375 9334

Internet E-Mail Address: TOMTERWILL@aol.com

Internet Website Address: _____

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

Name: SAME AS ABOVE

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: SAME AS "A" ABOVE

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

N/A

(b) has applications pending to be certificated as an alternative local exchange company.

N/A

(c) is certificated to operate as an alternative local exchange company.

N/A

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

N/A

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

N/A

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

N/A

18. Submit the following:

A. Financial capability.

The application **should contain** 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
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.*

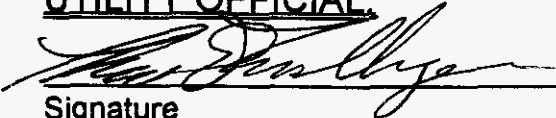
Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** 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.

**** APPLICANT ACKNOWLEDGMENT 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:

| | |
|---|---------------------|
| <u></u> | <u>8/22/00</u> |
| Signature | Date |
| <u>pres</u> | <u>305 375-0553</u> |
| Title | Telephone No. |
| Address: <u>15398 S.W. 153rd STREET</u> | <u>305-375-9334</u> |
| <u>Miami Fl. 33187</u> | Fax No. |

ATTACHMENTS:

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

N/A

**** APPENDIX A ****

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of (Name of Company)

_____ and current holder of Florida Public Service Commission Certificate Number # _____

_____, have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

**** APPENDIX B ****

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 located, and indicate if owned or leased.

- 1) 444 Brickell Ave 2) _____
Suite 760
MIAMI FL LEASED
- 3) _____ 4) _____
- _____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

- 1) 444 Brickell Ave 2) _____
Suite 760
MIAMI FL CLASS 4 Switch OWNED 100%
- 3) _____ 4) _____
- _____

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


- | <u>POP-to-POP</u> | <u>OWNERSHIP</u> |
|---|------------------|
| 1) <u>Access Provided by Bell South + MFS</u> | <u>-LEASED</u> |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

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."

UTILITY OFFICIAL:

| | |
|---|---------------------|
|  | <u>8/22/00</u> |
| Signature | Date |
| <u>pres</u> | <u>305-375-0553</u> |
| Title | Telephone No. |
| Address: <u>15398 SW 153rd St.</u> | <u>305-375-9334</u> |
| <u>Miami FL 33187</u> | Fax No. |
| | |
| | |
| | |

DECLARATION THAT APPLICANT HAS:

SUFFICIENT FINANCIAL CAPABILITY to provide the requested service in the geographical area proposed to be served: Applicant currently has a Class 4 switch and all ancillary equipment in their possession with no debt. Applicant currently has a DS3 worth of access to MFS and access to multiple Bell South circuits. Applicant will face minimal access installation charges to activate this network. Applicant has pledged of \$300,000.00 to cover any such costs.

SUFFICIENT FINANCIAL CAPABILITY to maintain the requested service: Applicant's operation is a very small operation. A shareholder without immediate cash payment will provide initial labor. The major indirect expense of the company will be rent. Rent is \$2,000 per month. Other incidental costs are expected to be minimal. The above referenced infusion of capital will more than cover day-to-day indirect costs. Direct costs will be paid from gross income.

SUFFICIENT FINANCIAL CAPABILITY to meet its lease or ownership obligations: The company has no lease obligations except rent. The above referenced cash infusion will more than cover any rent obligations.

MANAGERIAL CAPABILITY:

The company's president has almost two decades of telecommunications experience. He has been president of several telephone companies in the past. He has been president for over 15 years of a state Association of Long Distance Telephone Companies. He is well known in the industry nationally and internationally.

TECHNICAL CAPABILITY:

The company's technical staff person will be Thomas E. Terwilliger. Mr. Terwilliger has for almost 20 years operated IXE facilities. He has experience on Northern Telecom, DSC, Harris, NACT, Lucent and many others manufacturers equipment. The company utilizes a NACT STX switch. Mr. Terwilliger has six-year experience with NACT equipment. Mr. Terwilliger has designed and implemented many copper, fiber, microwave and digital networks.

BALANCE SHEET S.F.M.&T. INC.
AUG.1ST 2000

Assets:

Current Assets:

Subscriptions Un-collected: \$300,000.00

Long Term Assets:

Class 4 Switch \$346,055.00
Billing System \$49,851.00
HVAC/Power Systems: \$22,006.00
Racks, DAX's & Misc Eq. \$43,187.00
Test Eq. \$27,687.00
Goodwill & Start Up Charges: \$14,353.00

Total Assets: \$803,139.00

Liabilities & Equity:

Current Liabilities:

1 year Unexpired Advance Office Rent: \$24,000.00

Long Term Liabilities:

None: \$0.00

Total Liabilities: \$24,000.00

Stockholders Equity: \$779,139.00

Total Liabilities & Equity: \$803,139.00

I Thoma E. Terwilliger, president and C.E.O. of S.F.M.& T., Inc. affirm that the above financial statement is true and correct to the best of my knowledge.

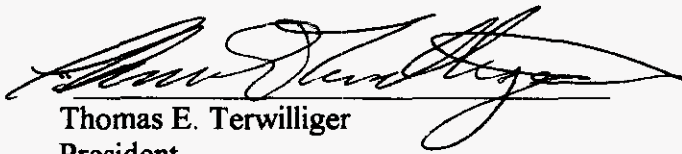

Thomas E. Terwilliger
president / C.E.O.

8/22/00

STATEMENT OF OPERATIONS

S.F.M.&T. Inc. has not operated, other than minor start up, since in inception. The company has not marketed a product nor receives product income.

Based upon the above the company does not have an income statement available.



Thomas E. Terwilliger
President
08/22/00

MANAGERIAL AND TECHNICAL CAPACITY

Thomas E. Terwilliger
15398 S.W. 153rd Street
Miami, Florida 33187
(305) 375-0553 fax (305) 375-9334
e-mail: tomterwill @ aol.com

Experience:

| | | | |
|---|-----------------------------|--|---|
| president C.E.O. | 1999-2000 | S.F.M.&T., Inc. | VoIP and Telephone switching center, Miami, Florida / DomRep |
| president C.E.O. | 1998-1999 | StarNet Industries, Inc. | International VoIP Gateway Miami, Florida / Mexico City |
| vice-president Engineering (pre IPO) | 1996-1998 | TransAmerican Technologies, Inc. | International VoIP Gateway Atlanta, Georgia / Detroit, Mi. |
| president C.E.O. | 1982-1996 | Kentucky Telephone Corporation | Domestic Long Distance. Telephone Co., Louisville, Ky. |
| President C.E.O. | 1976-1982 (joint venture | Atlas Pallet, Inc. Ashland Oil Co.) | Manufacturing company . Irvington, Ky. |

Member of the following for-profit Boards:

| | |
|-----------------|--|
| 1998 to present | StarNet Industries, Inc. (an international technology Co.) |
| 1997 to present | C.E.O. Nova Net Services, Inc.(a research & development Co.) |
| 1996 – 1997 | Trans American Technologies, Inc. |
| 1988 – 1994 | Mid American Cable, Inc. (sold to ICG, Denver, Co.) |
| 1974 – 1992 | Warren Cable T.V. and successor T-Tom CATV, Inc. (sold to Times Mirror Publishing Company, LA, Ca.) |

Member Non-profit Boards:

| | |
|-------------|---|
| 1997 - 1999 | Temple Adat B'nai Israel (president) |
| 1992 - 1996 | Temple Shalom (v.p. and treasurer) |
| 1988 - 1998 | E.P.S. (Ecumenical Patient Services) (president) |
| 1982 - 1998 | Association of Kentucky Long Distance Companies (president) |

Advisory Boards:

| | |
|-------------|--|
| 1982 – 1985 | president's oversight committee of Bell South |
| 1982 – 1985 | Oversight committee U.S. Small Business Administration |

Education:

| | |
|-------------|---|
| 1963 - 1970 | B.A.A. Western Michigan University, Kalamazoo, Mi. |
| 1970 - 1971 | M.B.A. Western Michigan University Kalamazoo, Mi. |
| 1971 - 1972 | Post Graduate Work – Radio & TV Wayne State Univ. Detroit, Mi. |

Other Accomplishments:

| | |
|-------------|--|
| 1972 – 1982 | Licensed General Contractor – State of Michigan |
| 1994 – 1995 | Lecturer – Principals of Telecom to National Sales Teams |
| 2000 | Lucent Technologies Certification – VoIP |
| 2000 | Satellite Transmission Certification –VSAT / Teleport |