

ORIGINAL

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

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

001545-TX

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

DEPOSIT

DATE

1372

OCT 10 2000

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 Page 12).

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

RECEIVED
00 OCT -9 AM 9 03
DIVISION OF RECORDS AND REPORTING
TALLAHASSEE, FLORIDA

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

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:

Simply Communications

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

Simply Communications

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

4270 Aloma Ave #124-21C
Winter Park, FL 32792

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

4270 Atoma Ave #124-21C
Winter Park, FL 32792

6. Structure of organization:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Individual | <input 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: David McGuire

Title: Owner

Address: 3232 Dwarf Pine Ave

City/State/Zip: Winter Park, FL 32792

Telephone No.: (407) 463-1979 Fax No.: (407) 673-1890

Internet E-Mail Address: OSAZXCV@AOL.com

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:

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:

Applied For

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.

(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.

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

(a) The application:

Name: David McGuire
Title: President
Address: 3232 Dwarf Pine Ave
City/State/Zip: Winter Park, FL 32792
Telephone No.: 407 463-1979 Fax No.: 407 673-1890
Internet E-Mail Address: DSAZXCV@AOL.com
Internet Website Address: _____

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

Name: David McGuire
Title: President
Address: 4270 Aloma Ave #124-21C
City/State/Zip: Winter Park, FL 32792
Telephone No.: 407 463-1979 Fax No.: 407 673-1890
Internet E-Mail Address: DS42XCV@AOL.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: _____
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.

None

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

None

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

None

(d) has been denied authority to operate as an alternative local exchange company 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. Submit the following:


A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. 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.

To whom it may concern,

I, David McGuire, am the owner of Simply Communications. Simply Communications is a brand new business I am starting. Currently there are no financials to disclose. I currently have a contract with Verizon Wireless and as a sub-agent for BellSouth Mobility now Cingular Wireless. I am in negotiations with Nextel, Voicestream and Sprint PCS. In addition to the wireless carriers I am also in negotiations with Internet, long distance and prepaid long distance providers. Having local service is the next logical step for me. I have been managing seven wireless stores for an agent of BellSouth Mobility for the past four and a half years. I was in charge of over 70 people. I trained, managed, and marketed people and products in addition to contract negotiations and completing bi-weekly payroll.

My financial capabilities are more than sufficient. In addition to my own finances I have two venture capitalists that see that a "one stop shop" for an individual's communication needs is an excellent concept. At anytime they would be willing to support in any way. My beacon score is over 700 and I can furnish proof if necessary. In the past I have run multiple sales teams at the same time and I will duplicate this to service my customers and maintain over the sufficient requested service level. With the financial status that I am currently in I have well over the means to sufficiently meet any lease or ownership I may choose to enter. With my past experience, current financial status, and future ideas and capabilities, selling local exchange would be the next best step to take.

Sincerely,

David McGuire

C. 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.

THIS PAGE MUST BE COMPLETED AND SIGNED
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:

David McGuire
Print Name

Owner
Title

(407) 463-1979
Telephone No.

David A McGuire
Signature

10/6/00
Date

407 673 1890
Fax No.

Address: 4270 Aloma Ave #124-21C
Winter Park, FL 32792

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 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:

David McGuire

Print Name

David McGuire

Signature

Owner

Title

10/6/00

Date

407 463-1979

Telephone No.

407 673-1890

Fax No.

Address:

4270 Aloma Ave #124-21C

Winter Park, FL 32792

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) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

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

1) _____	2) _____
_____	_____
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) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) David McGuire
(Title) owner of (Name of Company)

Simply Communications
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:

Print Name

Signature

Title

Date

Telephone No.

Fax No.

Address: _____

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

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

001545-TX

APPLICATION FORM

for

AUTHORITY TO PROVIDE

DEPOSIT

DATE

ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

03 72

OCT 10 2000

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 Page 12).

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) 412-6770

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
00 OCT -9 AM 9:03
MAIL ROOM

If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd

DAVID A. MCGUIRE
DL M260-161-74-460-0
407-657-9314
2115 BOUQUET CT. APT. 105
ORLANDO, FL 32807-3754

231

63-319/631
72

10/6 2000

PAY TO THE ORDER OF Florida Public Service Commission \$250.00

Two Hundred Fifty

100 DOLLARS

Security features are included. Details on back.

Barnett Bank
007-072
401 South Semoran Blvd.
Winter Park, Florida 32792

FOR ALEC

David A. Ann

DOCUMENT NUMBER-DATE

12857 OCT-98

FPSC-RECORDS/REPORTING