FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

060300 00300 P
0 0040 3/11/02 5 mc
(Zip)
MOUNT
1,845.00
4,540.0
2,200
3 40,00
50.00
3.00
TP.00
PORTED
7
information is a of to mislead a 2/28/6 (Date)
The state of the s
ER-DATE

o avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2003 Play Telephone Service Provider Regulatory Assessment Fee Return					
STATUS	150°C	Florida Public Service Co		FOR PSC USE ONLY Check#_/965	
jtv	Actual Return Estimated Return Amended Return	TF370-02-0-R B & S Payphone Co. 4535 South Atlantic Avenue, Un Ponce Inlet, FL 32127-7050	nit 2504	\$ 50.00 0603002 003001 \$ P. 0603002 004011 \$ I	
PERIOD COVERED: 01/01/2002 TO 12/31/2002 DEPOSIT				Postmark Date 3/11/02	
L Dia		D139 MAR 152	8 9 39 MAR 1 5 2002		
		Please Complete Below If Official Mail	ng Address Has Changed		
w	(Name of Company)	(Addres	6)	(City/State) (Zip)	
T.D.III		archer a comment	e de la companya de La companya de la co	er in de vombotett, ogel og e	
LINE <u>NO.</u>		ACCOUNT CLASSIFICATION		AMOUNT	
1.	Gross Operating Rev	enue (Florida)	,	\$ 10 2 2 3 1 1 1	
2.	Gross Intrastate Reve				
3.	LESS: Amounts Paid (see "2. Fees" on back	d to Other Telecommunications C	companies*	Config O	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)			The second of the particle of	
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)			17.17.0 No. 1	
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.	TOTAL AMOUNT	Secretarian de la companya della companya della companya de la companya della com			
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEED IS \$50					
Service Service	THIS FORM MUST BE C	OMPLETED AND RETURNED REGAR	DLESS OF THE AMOUNT OF	REVENUES REPORTED	
9.	Number of pay teleph by this Return	nones in operation at close of peri	gd covered States is 180 1805 en business.		
• These am	ounts must be intrastate only and mu	st be verifiable.	business.	•	
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 Compa		(Title) one Number (386) 76/	Fax Number 386 322-688 F	
(İ	Preparer of Form - Please	Print Name)			
				•	