## COMPANY IDENTIFICATION

Printed on 01/07/2004 at 13:51:21 by PJI

2002 8 2.56

Complete Name: Roberta Rich d/b/a Street Phones Co

040000

Mailing Name:

Street Phones Co

T.G 919 1 1/ Set -

RT

Company Code:

TG918

FEID Number:

1417 TJAM 9 1 2004

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date:

10/04/2002

Inactive Date:

Service:

PAT - Pay Telephone

Received:

No RAF Form

Status:

Pending

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Payment Count: 1 Payment Made to Date

Operating Rev:

\$0.00

Interstate Rev:

\$0.00

RAF Rate:

0.0015

Net RAF Due:

\$50.00

| Assessment    | Due     | Paid    | Owe ;  |  |
|---------------|---------|---------|--------|--|
| RAF           | \$50.00 | \$50.00 | \$0.00 |  |
| Penalty       | \$2.50  | \$0.00  | \$2.50 |  |
| Interest      | \$0.50  | \$0.00  | \$0.50 |  |
| Extension Fee | \$0.00  | \$0.00  | \$0.00 |  |
| Total         | \$53.00 | \$50.00 | \$3.00 |  |

Last modification was made on Thursday, March 13, 2003 at 2:46 PM by Jackie Knight

Period covered: 01/01/2002 through 12/31/2002 RAF rate: 0.0015 Operating rev:

\$0.00 Gross intrastate rev:

\$0.00

Documents: Delinquent letter mailed on 02/19/2003

RAF form mailed on 12/05/2002

Postmarked Trans Date Date Posted-By Dep # Check # Check Amount 02/27/2003 03/12/2003 03/13/2003-JIK II317 1565 \$50.00 RAF paid \$50.00

CAF CMP COM CTR ECR GCL OPC MMS SEC

AUS

82 6 NV 02 NVF 70

DISTRIBUTION CENTER

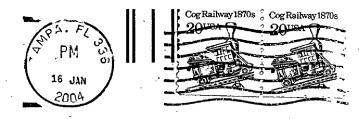
DOCUMENT NUMBER - DATE

00900 JAN 21 3

TO AVOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004 Pay Telephone Service Provider Regulatory Assessment Fee Return

| STATUS:   |   | Florida Public Service Commission (See Filing Instructions on Back of Form)  |                         |  | FOR PSO   | FOR PSC USE ONLY<br>Check#                  |  |  |  |  |
|---|---|--|-------------------------|--|---|---|--|--|--|--|
| PERIO   | Actual Return Estimated Return Amended Return D COVERED:                | TG918-03-0-R<br>Street Phones Co<br>2284 Champlain Avenue<br>Spring Hill, FL 34609-5   |                         | DEC 23 AM 10                                       | \$<br>: Ly  | 0603002<br>003001<br>P<br>0603002<br>004011 |  |  |  |  |
| 01/01/2003 TO 12/31/2003  |   | COMPETITIVE SERVI  |                         |  | Postmark Date   |   |  |  |  |  |
|   |   |  | , w <sub>ij</sub>       |  | Initials of Prepare                                   | · .   |  |  |  |  |
| Please Complete Below If Official Mailing Address Has Changed                   |   |  |                         |  |   |   |  |  |  |  |
|   | (Name of Company)   |  | (Address)               |  | (City/State)  | (Zip)                                       |  |  |  |  |
| LINE<br><u>NO.</u>  |   | ACCOUNT CLASSIFICA   | TION GOUT               | SINOS  | A!  | MOUNT                                       |  |  |  |  |
| 1.  | Gross Operating Rev   | enue (Florida)   | ∕ © <sup>X</sup>        |  | \$  |   |  |  |  |  |
| 2.  | Gross Intrastate Reve   | enue 💍   | ` /                     | ,  |   |   |  |  |  |  |
| 3.  | LESS: Amounts Paid<br>(see "2. Fees" on back                            | d to Other Telecommunica<br>k)   | itions Companie         | s*   | (   |   |  |  |  |  |
| 4.  | TOTAL REVENUE<br>(Line 2 less Line 3)                                   | ES for Regulatory Assessi  | ment Fee Calcu          | lation   | \$  |   |  |  |  |  |
| 5. ·  | Regulatory Assessme   | ent Fee Due – (Multiply Li   | ne 4 by 0.0015)         |  | ·   |   |  |  |  |  |
| 6.  | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) |  |                         |  |   |   |  |  |  |  |
| 7.  | Interest for Late Payr  | ment (see "3. Failure to File  | e by Due Date" o        | on back)   | <u></u>   |   |  |  |  |  |
| 8.  | TOTAL AMOUNT  | DUE  |                         |  | \ \ell_{2}^{\frac{1}{2}}                              |   |  |  |  |  |
| AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL REE IS \$50 |   |  |                         |  |   |   |  |  |  |  |
|   | THIS FORM MUST BE C   | OMPLETED AND RETURNED  | REGARDLESS OF           | THE AMOUNT 9                                       | FREVENUES PE  |   |  |  |  |  |
| 9.  | Number of pay telepl<br>by this Return                                  | nones in operation at close  | of period covere        |  | OHMISSII<br>WISTRATI                                  | 7<br>7<br>9                                 |  |  |  |  |
| * These ar  | nounts must be intrastate only and mu                                   | st be verifiable.  | 00                      |  | AH I  |   |  |  |  |  |
| true and co   | orrect statement. I am aware that p                                     | ove-named company, have read the fore<br>ursuant to Section 837.06. Florida Statut<br>al duty shall be guilty of a misdemeanor | es, whoever knowingly n | o the best of my knowle<br>makes a false statement | edge and Solief the above<br>in writing with the infe | e information is a<br>nt to mislead a       |  |  |  |  |
|   | (Signature of Compan  | y Official)  |                         | (Title)  | _   | (Date)                                      |  |  |  |  |
| (Preparer of Form - Please Print Name)  |   | Print Name)  | Telephone Number (      | )  | Fax Number ( )  |   |  |  |  |  |
|   |   |  | F.E.I. No.              |  |   |   |  |  |  |  |





P. Isler URGENT: Time Sensitive ATTN: FISCAL FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0876