

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 1/4/2008

Docket No.: 080023-TC

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 8115 by Sharon Marie Clarke, effective December 20, 2007.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

00112 JAN-4 08

Paula Isler

From: Paula Isler
Sent: Friday, December 28, 2007 9:04 AM
To: 'sharkeyclarke@aol.com'
Subject: Payphone Certificate (TG888)

Dear Ms. Clarke:

The Commission received the 2007 Regulatory Assessment Fee return form with the note "We are no longer in the pay phone business. Closed 04/30/2007."

There are two types of cancellation. One is voluntary, which is when a certificate is cancelled at a certificate holder's request and has paid all Regulatory Assessment Fees. The other is involuntary and is when a certificate is cancelled on the Commission's own motion for a rule, statute, or order violation. Just as information, the Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year.

I will open a docket to cancel your certificate with an effective date of December 20, 2007. Unfortunately, the minimum fee for 2007 must still be paid. In addition, the minimum fee increased for 2007 to \$100.

If you cannot pay the \$100 minimum, your certificate will still be cancelled, it will just be cancelled on the Commission's own motion and the unpaid fee will be turned over to collections.

Please let me know by January 14, 2008, how you wish to proceed.

Paula Isler
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850
(850) 413-6502-Phone
(850) 413-6503-Fax
PIsler@psc.state.fl.us

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TG888-07-0-R
 Sharon Marie Clarke
 1104 Bay Drive North
 Bradenton Beach, FL 34217-2333

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # No Check!
 \$ _____ 06-03-001
 \$ _____ 003001
 \$ _____ P 06-03-001
 \$ _____ I 004011
 Postmark Date _____
 Initials of Preparer _____

Paula Isler

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida) <i>We are no longer in the pay phone business, closed 04/30/2007. Sharon M. Clarke 12-18-07</i>	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ _____ (2)
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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 Company Official)

(Title)

(Date)

Telephone Number () _____

Fax Number () _____

(Preparer of Form - Please Print Name)

F.E.I. No. _____

MCD Company Information for TG888

Printed on 01/04/2008 at 08:47:57 by PJI

Company Code: TG888
Complete Name: Sharon Marie Clarke
Mailing Name: Sharon Marie Clarke
Certificate No(s): 8115
Status: Active
Regulation Date: 06/26/2002
Bankruptcy: No
Company Liaison #1: Sharon M. Clarke
Title: Owner
Mailing Address: 1104 Bay Drive North

Physical Location: Bradenton Beach, FL 34217-2333
1104 Bay Drive North

Phone: Bradenton Beach, FL 34217-2333
(941) 779-0500
Fax: (941) 779-0500

Related Dockets:

020347-TC Application for certificate to provide pay telephone service by Sharon Marie Clarke.