

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG767-01-0-R  
 Quarterback Vending  
 4640 Ayrton Terrace  
 Palm Harbor, FL 34685

DEPOSIT DATE  
 D141 NOV 27 2001

FOR PSC USE ONLY  
 Check# 415  
 \$ 50.00 0603002  
 003001  
 \$ 0603002  
 004011  
 Postmark Date 11/27/01  
 Initials of Preparer JRK

PERIOD COVERED:  
01/08/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	\$ <u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( <u>0</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
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.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

These amounts must be intrastate only and must be verifiable.

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.

APR \_\_\_\_\_  
 GAT \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 GTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 LEG \_\_\_\_\_  
 OPC \_\_\_\_\_  
 PAI \_\_\_\_\_  
 RGO \_\_\_\_\_  
 SEC \_\_\_\_\_  
 SER \_\_\_\_\_  
 OTH \_\_\_\_\_

John Keumann (Signature of Company Official) Owner (Title) 11/15/01 (Date)  
 Telephone Number (727) 713-2299 Fax Number \_\_\_\_\_  
 (Preparer of Form - Please Print Name)

PLEASE CANCEL UPON RECEIPT OF \$50 PAYMENT. I NEVER DID START THE BUSINESS OR PLACE PHONES.

DOCUMENT NUMBER-DATE  
14927 NOV 27 01

THANK YOU, John Keumann

FPSC-COMMISSION CLERK