

Pay Telephone Service Provider Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*R. Isler  
ICAY*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TD902-02-0-R 030127-K  
 Southern Business Equipment, Inc.  
 1923 East Avenue  
 Panama City, FL 32405-6213  
**DEPOSIT** **DATE**  
**D2 98** **JAN 31 2003**

**FOR PSC USE ONLY**  
 Check# 690  
 \$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P  
 0603002  
 004011  
 Postmark Date 1/27/03  
 Initials of Preparer MC

PERIOD COVERED:  
 01/01/2002 TO 12/31/2002

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)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	0
AUS	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
CAF		
CMP	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
COM		
CTR	<b>TOTAL AMOUNT DUE</b>	\$ 50.00
ECR		
GCL		
OPC		
MMS		
SEC		
OTH		

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

*Please cancel this service as of 1/1/03.  
 Thanks*

\* 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.

*Joseph Lee*  
 (Signature of Company Official)

*President*  
 (Title)

*12/16/02*  
 (Date)

*Marylou Miles*  
 (Preparer of Form - Please Print Name)

Telephone Number *850 762-2052* DOCUMENT NUMBER *850 784-1585*  
 Fax Number *850 784-1585*

F E I No *59-2872008*

*Done 2/03/03*

DOCUMENT NUMBER-DATE

**01009 JAN 31 8**