

**REQUEST TO ESTABLISH DOCKET**

(Please type or print. File original with CLK.)

Date:	4/10/2026	
1. From Division / Staff:	Division Of Economics/Smith <i>LS</i>	
2. OPR:	Lauren Smith/ECO	
3. OCR:	GCL	
4. Suggested Docket Title:	Compliance investigation of PATS Certificate No. 7702, issued to Focus Connection, Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.	
5. Program/Module/Submodule Assignment:	A18a, A10	
6. Suggested Docket Mailing List		
a. Provide NAMES/ACRONYMS, if registered company		<input type="checkbox"/> Provided as an Attachment
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
TG773		
b. Provide COMPLETE NAME AND ADDRESS for all others (match representatives to companies)		
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):
7. Check one:	<input checked="" type="checkbox"/> Supporting documentation attached	<input type="checkbox"/> To be provided with Recommendation
Comments:		

RECEIVED-FPSC  
 2026 APR 10 AM 11:32

COMMISSIONERS:  
GABRIELLA PASSIDOMO SMITH, CHAIRMAN  
GARY F. CLARK  
MIKE LA ROSA  
BOBBY PAYNE  
ANA ORTEGA

STATE OF FLORIDA



OFFICE OF THE GENERAL COUNSEL  
ADRIA E. HARPER  
GENERAL COUNSEL  
(850) 413-6199

# Public Service Commission

February 20, 2026

TG773-25-T-0-D  
Focus Connection, Inc.  
c/o ATM Connection Inc.  
10643 Regent Square Drive  
Orlando, FL 32825-4530

Dear Certificate Holder:

The Division of Administrative Services has forwarded your account to our office to address the nonpayment of the Regulatory Assessment Fees (RAFs) required by Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code (F.A.C), for the year 2025, which was due **January 30, 2026**. The RAF return form was mailed to you on **December 15, 2025**, and to date, Commission records reflect that payment has not been received.

**Utilities are charged with knowledge of our rules and statutes. According to Florida Law, you are required to add interest charges at 12% per annum, and a 5% penalty for each 30-day period or fraction thereof, beyond the due date, up to a maximum of 25% in addition to the delinquent amount due.** In addition, pursuant to Section 364.285, Florida Statutes, the Commission is authorized to impose upon any entity subject to its jurisdiction a penalty of not more than \$25,000 for each offense, if such entity is found to have refused to comply with or to have willfully violated any lawful rule or order of the Commission, or any provision of Chapter 364.

**If payment is not postmarked within 15 calendar days of receipt of this notice, as evidenced by the certified mail receipt, Rule 25-4.0161, F.A.C., automatically imposes a penalty of \$500, \$1,000, or \$2,000,** in addition to the interest and penalty listed in the preceding paragraph. The penalty is based on the number of prior dockets against a company for violation of the RAF rule. For one prior docket, it automatically will be assessed a \$1,000 penalty and for two, a \$2,000 penalty. For a third docket, staff will submit a recommendation to the Commission seeking cancellation of the company's certificate and removal from the register.

If you wish to request another form, please contact Lauren Smith at the number below. The payment should be identified with the company code and the company's name. Failure to provide payment within **15 days of this notice** will result in the establishment of a docket to address your failure to return the RAFs form and pay RAFs in accordance with Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code. As specified above, pursuant to Section 364.285, Florida Statutes, the Commission may impose a fine for failure to comply. Therefore, it is important that you address this matter now. If you have paid your fees, please provide us with your check number and the date that it was paid.

Should you have any questions concerning this letter please contact **Lauren Smith** at **(850) 413-6906** or via Internet e-mail at **LaSmith@psc.state.fl.us**.

Sincerely,

A handwritten signature in black ink that reads "Adria E. Harper".

ADRIA E. HARPER  
General Counsel

cc: Fiscal Services Section

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CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

PSC Website: <http://www.floridapsc.com>

Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

**Utility Information This account is Delinquent**

<b>Utility Mailing Name:</b> Focus Connection, Inc.	<b>Complete Name:</b> Focus Connection, Inc.	<b>Utility Code:</b> TG773	<input type="button" value="Docket"/>	<input type="button" value="Consumer"/>
<b>Street1:</b> c/o ATM Connection Inc.	<b>Street2:</b> 10643 Regent Square Drive	<b>City:</b> Orlando		
<b>State:</b> FL	<b>Zip:</b> 32825-4530	<b>Phone:</b> (407) 244-3028		
<b>Federal Id:</b> 59-5339622	<b>Certificate #:</b> 7702	<b>Bankruptcy Start Date:</b>	<b>Bankruptcy End Date:</b>	<b>BType:</b>
<b>Utility Status Code:</b> REGULATED	<b>Utility Status Date:</b> 1/26/2001	<b>WriteOff Type:</b>		

**RAF Account Information**

<b>Raf Periods:</b> 1/1/2025 - 12/31/2025	<input type="checkbox"/> Correspondence Suspended	<input type="checkbox"/> Show Cause
<b>RAF Period Covered:</b> 1/1/2025 - 12/31/2025	<input type="checkbox"/> On Payment Plan	<input type="checkbox"/> Utility Request Close
<b>Service:</b> PAT	<input type="checkbox"/> Confidential	<input type="checkbox"/> Raf Form Withdrawn
<b>Current RAF Status:</b> Interest & Penalty updated by nightly job	<input type="checkbox"/> Send Collection	<b>Collection Date:</b> 1/26/2025
<b>Raf Transactions:</b>	<input type="checkbox"/> RAF Form Received	<input type="checkbox"/> Update P&I Permission
<b>Operating Revenue:</b> 7,050.00	<input type="checkbox"/> Amended Return	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated
<b>Gross Interstate Revenue:</b> 0.00	<input type="checkbox"/> RAF Account Satisfied	<input type="checkbox"/> Don't calculate Penalty
<b>RAF Rate:</b> 0.0016	<b>RAF Due Date:</b> 1/30/2026	<input type="checkbox"/> Don't calculate Interest

**All Comments:**

Interest and Penalty adjusted by nightly job---DBO---4/1/2026 12:01:00 AM

Interest and Penalty adjusted by nightly job---DBO---3/2/2026 12:01:01 AM

Interest and Penalty adjusted by nightly job---DBO---1/31/2026 12:01:01 AM

**User Comments:**

**Estimated Assessments**

	Due	Paid	WriteOff	Refund	Expired Refund	Owe
RAF	100.00	0.00				100.00
Penalty	15.00	0.00				15.00
Interest	3.00	0.00				3.00
Extension	0.00	0.00				0.00
<b>Total</b>	<b>118.00</b>	<b>0.00</b>				<b>118.00</b>

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RELATED DOCKETS INFORMATION

Back

Tax ID: 52-5339522 Complete Name: Focus Connection, Inc. Address: c/o ATM Connection Inc. 10643 Regent Square Drive Orlando FL 32825-4530 USA Contact: Company's (407) 692-3861 Bankruptcy Start Date: Bankruptcy Drop Date: Active:  CreateBy: NGRANT CreateDate: 1/26/2001  
ModifyBy: DMENASCO ModifyDate: 1/29/2020 7:42:53 PM

Utility Code: TG773 Utility Name: Focus Connection, Inc. Active:   
Utility Code To: Utility Code From: Unregulated Operation Date: Corptype Type: 1420 Corporation Class Type: NGRANT created at 2001-01-26 00:00:00 DMENASCO modified at 2020-01-29 19:38:27

Total: 1

#	DocketNum	Title	DocDate	Status
1	20001723-TC	Application for certificate to provide pay telephone service by Focus Connection, Inc.	11/20/2000	Closed

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2026  
**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

(See Filing Instructions on Back of Form)

TG773-25-T-0-R  
 Focus Connection, Inc.  
 c/o ATM Connection Inc.  
 10643 Regent Square Drive  
 Orlando, FL 32825-4530

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	_____
\$ _____	06-03-001 003001
\$ _____	E
\$ _____	P 06-03-001 004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.		
	<b>Less:</b> Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	<b>REGULATORY ASSESSMENT FEE DUE</b> - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup>	_____
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.	<b>TOTAL AMOUNT DUE</b> (Add lines 5 through 8)	\$ _____
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)

\_\_\_\_\_  
 (Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

**FLORIDA PUBLIC SERVICE COMMISSION**  
Instructions For Filing Regulatory Assessment Fee Return  
(Pay Telephone Service Provider)

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1. **WHEN TO FILE:** For companies which owed a total of **\$10,000 or more** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30* for the six-month period January 1 through June 30, **and**  
*On or before January 30* for the six-month period July 1 through December 31.

For companies which owed a total of **less than \$10,000** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30* for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0016 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(2)(a), F.A.C., for 2011 and as referenced in Rule 25-4.0161(2)(b), F.A.C., for 2012 and beyond. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amounts paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. *Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals.* **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted up to a 30-day extension. A request must be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 8):

0.75% of the fee to be remitted for an extension of 15 days or less, *or*  
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues by checking the "Estimated Return" space in the top left-hand corner on the reverse side. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
  
ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Office of Industry Development & Market Analysis at (850) 413-7160. This office may be contacted at the above-referenced address, directing correspondence to the attention of the office.