

APPLICATION

DEPOSIT  
D248

DATE  
FEB 15 2000

1. This is an application for  (check one):

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

**Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

**Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

H & L TAXHAUS Communications

3. Name under which the applicant will do business (fictitious name, etc.):

↑ SAME AS ABOVE ↑

4. Official mailing address (including street name & number, post office box, city, state, zip code):

P.O. BOX 26524  
TAMPA FL 33623-6524

5. Florida address (including street name & number, post office box, city, state, zip code):

2221 Gordon St.

DOCUMENT NUMBER - DATE

01917 FEB 14 8

FPSC-RECORDS/REPORTING

HARRIS & LORDS TAXHUAS

03-98

1527

2221 GORDON ST.  
POST BOX 26524  
TAMPA, FL 33605-6416

DATE 2/16/00

63-27/631  
31

PAY TO THE ORDER OF

Florida Public Svc Commission

\$ 250

Two hundred fifty and 00/100

DOLLARS

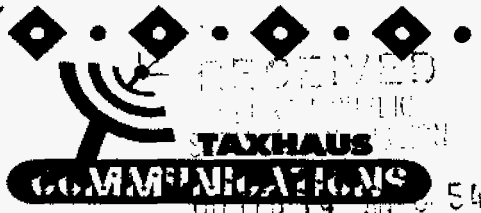
**NationsBank**

NationsBank, N.A.  
Florida

FOR

ALEC Application





Phone: 813-248-8595  
Fax: 813-248-8942  
Email: hgi97@gte.net

2221 Gordon St  
Tampa, FL 33605

February 10, 2000

David Draper  
Florida Public Service Commission  
Tallahassee, FL

000182-TX

Dear David,

We are a new company seeking certification as an ALEC. We have included a balance sheet reflecting the current financial picture of our capital assets and an income statement with the application. We are starting this business on a shoe string budget. Therefore you will find a projected income statement depicting the Y2K performance. Due to small amount of start-up capital, we are not establishing an advertising budget. We feel that good service provided to a few clients will result in referral based marketing. It is because of this strategy we project a first year lost. Slow and steady is our game plan.

We will be primarily a reseller of local phone service doing business with GTE via an interconnect agreement. We will not carry our own switches. All maintenance and high tech concerns will be addressed by respective departments of GTE on our behalf.

Although we show a loss in our projection, we are confident that our business will survive this first year due to capital management and capital procurement. The application of capital management will be handled by a qualified public tax accountant and capital procurement is obtained by 1) owner investment and 2) other established investment resources.

Thank you for addressing this application and we hope the information contained herein is helpful in your approval process.

We acknowledge that the above information is true and correct to the best of our knowledge.

Regards,

Lindsey L. Harris,  
Proprietor  
Taxhaus Communications

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

# H&L Taxhaus Communications

## Balance Sheet

Tuesday, February 29, 2000

### CURRENT ASSETS

Cash In Bank - Checking \$3,000.00

Total Current Assets \$3,000.00

### FIXED ASSETS

Total Fixed Assets \$0.00

### OTHER ASSETS

Total Other Assets \$0.00

Total Assets \$3,000.00

### CURRENT LIABILITIES

Total Current Liabilities \$0.00

### LONG TERM LIABILITIES

Total Long Term Liabilities \$0.00

### CAPITAL

Capital Stock / Investment \$3,000.00  
Retained Earnings 0.00

Total Capital \$3,000.00

Total Liabilities and Capital \$3,000.00

# H&L Taxhaus Communications Income Statement

For the Period Ending Wednesday, January 31, 2001

	2001 Year to Date		2000 Year to Date	
<b>REVENUE</b>				
Sales	\$0.00	0.00%	\$5,355.00	100.00%
Total Revenue:	\$0.00	0.00%	\$5,355.00	100.00%
<b>COST OF GOODS SOLD</b>				
Total Cost of Goods Sold:	\$0.00	0.00%	\$0.00	0.00%
Gross Profit:	\$0.00	0.00%	\$5,355.00	100.00%
<b>EXPENSES</b>				
Dues & Subscriptions	0.00	0.00%	250.00	4.67%
Miscellaneous Expense	0.00	0.00%	1,100.00	20.54%
Rent & Lease Expense - Bldgs	0.00	0.00%	2,400.00	44.82%
Rent & Lease Expense - Equip	0.00	0.00%	2,220.00	41.46%
Supplies	0.00	0.00%	575.00	10.74%
Telephone	0.00	0.00%	1,214.00	22.67%
Utilities	0.00	0.00%	1,200.00	22.41%
Total Expenses:	\$0.00	0.00%	\$8,959.00	167.30%
Net Profit:	\$0.00	0.00%	(\$3,604.00)	(67.30%)

*\* Note:*

*This is based on April 2000 revenue generation. Thus giving an eight month projection.*

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission**  
**Division of Records and Reporting**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Telecommunications**  
**Bureau of Certification and Service Evaluation**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6600**

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↑ SAME AS ABOVE ↑

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P.O. BOX 26524

TAMPA FL 33623-6524

5. Florida address (including street name & number, post office box, city, state, zip code):

2221 Gordon St.

Tampa, FL 33605

6. Structure of organization:

- Individual                      ( ) Corporation  
( ) Foreign Corporation      ( ) Foreign Partnership  
( ) General Partnership      ( ) Limited Partnership  
( ) Other \_\_\_\_\_

7. **If individual**, provide:

Name: LINDSEY HARRIS  
Title: OWNER / PROPRIETOR  
Address: 2221 Gordon St  
City/State/Zip: Tampa, FL 33605  
Telephone No.: (813) 241-4156 Fax No.: (813) 248-8942  
Internet E-Mail Address: lgi97@gte.net  
Internet Website Address: N/A

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**
- \_\_\_\_\_

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**
- \_\_\_\_\_

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) **The Florida Secretary of State fictitious name registration number:**
- \_\_\_\_\_

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:**

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12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Internet E-Mail Address:** \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** \_\_\_\_\_

14. Provide **F.E.I. Number**(if applicable): \_\_\_\_\_

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

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(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: LINDSEY HARRIS

Title: Proprietor

Address: 2221 Gordon St

City/State/Zip: TPA, FL 33605

Telephone No.: (813) 241-4156 Fax No.: (813) 248-8942

Internet E-Mail Address: hgi97@gte.net

Internet Website Address: N/A

(b) Official point of contact for the ongoing operations of the company:

Name: Lindsey Harris

Title: Proprietor

Address: 2221 Gordon St

City/State/Zip: Tampa FL 33605

Telephone No.: (813) 241-4156 Fax No.: (813) 248-8942

Internet E-Mail Address: hgi97@gte.net

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Connie Harris

Title: Operations Manager

Address: 2221 Gordon St

City/State/Zip: Tampa, FL 33605

Telephone No. (813) 241-4156 Fax No.: (813) 248-8942  
ext: 2

Internet E-Mail Address: Connieharris@quixnet.net

Internet Website Address: N/A

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

N/A

(b) has applications pending to be certificated as an alternative local exchange company.

N/A

(c) is certificated to operate as an alternative local exchange company.

N/A

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

N/A

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

N/A

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

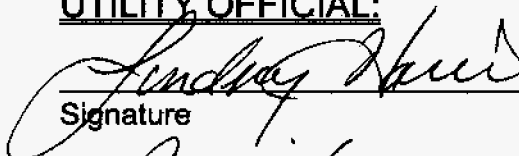
Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
  2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
  3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

**UTILITY OFFICIAL:**

 _____ Signature	<u>2/10/00</u> _____ Date
<u>Proprietor</u> _____ Title	<u>(813) 241-4156</u> _____ Telephone No.
Address: <u>2221 Gordon St</u> _____ <u>Tampa, FL 33605</u> _____	<u>(813) 248-8942</u> _____ Fax No.

**ATTACHMENTS:**

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

**\*\* APPENDIX A \*\***

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) \_\_\_\_\_,

(Title) \_\_\_\_\_ of (Name of Company)

\_\_\_\_\_ and current holder of Florida Public Service Commission Certificate Number # \_\_\_\_\_

\_\_\_\_\_, have reviewed this application and join in the petitioner's request for  
a:

( ) sale

( ) transfer

( ) assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Fax No.

**\*\* APPENDIX B \*\***

**INTRASTATE NETWORK (if available)**

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Signature

*Sudrey L. Harris*

Date

*2/10/00*

Title

*Proprietor*

Telephone No.

*(813) 241-4156*

Address:

*2221 Gordon st  
Tampa FL 33605*

Fax No.

*(813) 248-8942*