

GATOR CHRYSLER INC.

☐ Gator Suzuki • Isuzu Truck
300 East NASA Boulevard
Melbourne, FL 32901
321-727-7711

☐ Chrysler • Dodge • Jeep
840 S. Harbor City Blvd.
Melbourne, FL 32901
321-724-6611

☐ Gator of Palm Bay
1101 Palm Bay Rd. NE
Melbourne, FL 32904
321-676-2009

SERVICING BREVARD COUNTY SINCE 1970

Date DEAL # 104194 MAY 21st , 20 25		SS#		①		②	
EMAIL		TELEPHONE		DR. LICENSE NO.		STATE	
BUYER'S NAME JASON SCOTT PRICE		HOME (865)441-9235		P620437851240		FL	
BUYER'S NAME		BUS N/A				DATE OF BIRTH 04/04/85	
STREET ADDRESS 121 LANCHA CIR UNIT 107		This vehicle is:		STOCK NO.			
CITY AND STATE SATELLITE BEACH FL		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> PRE-OWNED		<input type="checkbox"/> DEMO <input checked="" type="checkbox"/> RENTAL		1753	
YEAR 2014	MAKE NISSAN	MODEL OR SERIES MAXIMA	BODY TYPE 4DR SDN	COLOR BRILLIANT	MILEAGE 50189	MVI OR SERIAL NO. 1N4AA5AP4EC907999	
EQUIPMENT					LIST PRICE 11995.00		
ENGINE					ADDED OPTIONS		
TRANS <input type="checkbox"/> AUTO <input type="checkbox"/> 5 SPEED					N/A		
A/C					TOTAL CAR 11995.00		
DUAL A/C					DEDUCT ALLOWANCE AND DISCOUNTS N/A		
RADIO					DIFFERENCE 11995.00		
CD PLAYER					Fla. Law Waste Tire & Lead Acid Battery Fee N/A \$6.50		
CD CHANGER					DEALER DELIVERY FEE 899.75 \$899.75		
TAPE PLAYER					Electronic Registration Filing Fee 189.00		
CD & TAPE					These charges represent costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles and preparing documents related to the sale.		
SPORT WHEELS					SUBTOTAL 13083.75		
					STATE LOCAL TAX 785.03		
					COUNTY TAX 50.00		
					FLA. LEMON LAW FEE N/A		
					<input type="checkbox"/> Order New Tag <input type="checkbox"/> Transfer Old Tag <input type="checkbox"/> Estimate 114.65		
					BALANCE DUE 14033.43		
					ADD PAYOFF DUE N/A		
					LESS DOWN PAYMENT 5000.00		
					LESS NON-REFUNDABLE DEPOSIT N/A		
					FACTORY REBATE N/A		
					BALANCE FINANCED 9033.43		
					EXTENDED SERVICE PLAN (Including taxes) N/A		
					ADDITIONAL OPTIONS (Including taxes) N/A		
					TOTAL 9033.43		

VERIFICATION AND DESCRIPTION OF TRADE-IN VEHICLE			
As part of the purchase price I hereby sell and assign all of my Right, Title, and Interest to the following described vehicle which is free of any lien or encumbrance whatsoever except as stated below and I further represent and acknowledge that I am the sole and record title owner and that the payoff amount reflected below is accurate and correct.			
YEAR	MAKE	MODEL	COLOR
I.D. SERIAL NO.		MILEAGE	
PAYOFF OWED TO		AMOUNT N/A	QUOTED BY GOOD TILL
ADDRESS			
I UNDERSTAND THAT THE PAYOFF AMOUNT SHOWN ON THE BUYER'S ORDER IS ONLY AN ESTIMATE. I AGREE THAT IF THE PAYOFF OF MY TRADE VEHICLE IS ANY HIGHER THAN WHAT WAS SHOWN I WILL PAY GATOR CHRYSLER INC. THE BALANCE DUE OF THE PAYOFF. IF THE AMOUNT IS LESS THAN SHOWN, GATOR WILL PAY ME THE DIFFERENCE.			
Signature _____			
<input type="checkbox"/> Sold AS IS <input type="checkbox"/> Used Car Warranty <input type="checkbox"/> Factory Warranty <input type="checkbox"/> Sold AS IS with balance of Factory Warranty			
Purchaser agrees that this Order includes all the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY THE DEALER OR HIS AUTHORIZED REPRESENTATIVE.			

We, the Seller, hereby expressly disclaim all warranties, either expressed or implied, including any implied warrant of merchantability or fitness for a particular purpose and we neither assume nor authorize any other person to assume for us any liability in connection with the sale of the vehicle.

PURCHASER SIGNATURE X *Jason Price*

DATE **05/21/2025**

ACCEPTED BY *Chris*

SALESMAN *Chris*

(NAME and TITLE)

Florida

DRIVER LICENSE

P620-437-85-124-0

CLASS E



1 PRICE
2 JASON SCOTT
3 121 LANCHA CIR UNIT 107
4 SATELLITE BEACH, FL 32937-2607
5 DOB 04/04/1985 15 SEX M
6 EXP 04/04/2033 16 HGT 6'-00"
7 REST B 8 END NONE

9 DONOR

SAFE DRIVER
EX TS 05/09/2024
SDC M792405090078

REPLACED 05/09/2024

Operation of a motor vehicle constitutes
consent to any sobriety test required by law



Jason Scott



PO Box 2358
Bloomington IL 61702-2358

Looking for your auto ID cards? Here they are. You have options . . .

- Print your cards and keep them in your car.
- You can access your digital cards through our app.

If you requested replacement cards, we'll mail a paper copy to you.

If these versions of your ID cards are not accepted by law enforcement or your local Department of Motor Vehicles office, please contact your agent for help.

Thank you for choosing State Farm® for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

State Farm		FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD STATE FARM	
POLICY NUMBER P27 8868-D18-59 4		CO. NUMBER 09785	
EFFECTIVE DATE APR 18 2025			
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION	<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> BODILY INJURY	
NAMED INSURED PRICE, JASON S & OLSEN, DANIELH		MUTL VOL	
COVERAGES A P10 D500 G500 H			
YR 2013		VEHICLE IDENTIFICATION NUMBER WDDNG7DB0DA508268	
MAKE MERCEDES			
AGENT JOSH POST INS AND FIN SVCS INC			
PHONE (321)254-8406		NAIC 25178	
The coverage provided by the policy meets the minimum liability limits prescribed by law.			

State Farm		MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE	
IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY			
1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.			
2. Don't admit fault or discuss the accident with anyone but State Farm or police.			
3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.			
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.			
How to identify your coverage. See policy for full name and definition			
A Bodily Injury Liability	H Emergency Road Service	U Uninsured Motor Vehicle	
B Property Damage Liability	P No-Fault	U3 Uninsured Motor Vehicle	
C Medical Payments	R1 Car Rental and Travel Expenses	Nonstacked	
D Comprehensive	S Death, Dismemberment and UNOC Use of Nonowned Cars		
G Collision	Loss of Sight		

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.

Emergency Road Service information is located on your insurance card.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

State Farm		FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD STATE FARM	
POLICY NUMBER P27 8868-D18-59 4		CO. NUMBER 09785	
EFFECTIVE DATE APR 18 2025			
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION	<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> BODILY INJURY	
NAMED INSURED PRICE, JASON S & OLSEN, DANIELH		MUTL VOL	
COVERAGES A P10 D500 G500 H			
YR 2013		VEHICLE IDENTIFICATION NUMBER WDDNG7DB0DA508268	
MAKE MERCEDES			
AGENT JOSH POST INS AND FIN SVCS INC			
PHONE (321)254-8406		NAIC 25178	
The coverage provided by the policy meets the minimum liability limits prescribed by law.			

State Farm		MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE	
IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY			
1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.			
2. Don't admit fault or discuss the accident with anyone but State Farm or police.			
3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.			
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.			
How to identify your coverage. See policy for full name and definition			
A Bodily Injury Liability	H Emergency Road Service	U Uninsured Motor Vehicle	
B Property Damage Liability	P No-Fault	U3 Uninsured Motor Vehicle	
C Medical Payments	R1 Car Rental and Travel Expenses	Nonstacked	
D Comprehensive	S Death, Dismemberment and UNOC Use of Nonowned Cars		
G Collision	Loss of Sight		

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.

Vehicle Information

Vehicle: 2014 Nissan Maxima Sedan 4D SV 3.5L V6
 Region: Southeastern
 Period: May 21, 2025
 VIN: 1N4AA5AP4EC907999
 Mileage: 50,189
 Weight: 3,570

J.D. POWER Used Cars/Trucks Values

	Base	Mileage Adj.	Option Adj.	Adjusted Value
Monthly Used				
Clean Trade-In	\$4,375	\$2,188	\$150	\$6,713
Clean Retail	\$7,325	\$2,188	\$175	\$9,688

Selected Options

	Trade-In/Loan	Retail
HID Headlamps	w/body	w/body
Fog Lights	w/body	w/body
Cooled Front Seats [VIN Precision+]	\$100	\$125
Driver's Seat Memory [VIN Precision+]	\$50	\$50

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

Customer #
Deal # 104194
Stock # 1753

SEPARATE ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT


VEHICLE DESCRIPTION					
Vehicle Identification Number 1N4AA5AP4EC907999	Year 2014	Make NISS	Color GRY	Body 4D	Title Number 119503355
ODOMETER DISCLOSURE STATEMENT					


WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines and/or imprisonment.

WE STATE THAT THIS ☐ 5 or ☒ 6 DIGIT ODOMETER NOW READS **5 0, 1 8 9**.xx (NO TENTHS) MILES.
DATE READ **05 / 21 / 2025**, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE
ODOMETER READING:

- CAUTION:**
Read carefully before checking a box,
- ☒ 1. REFLECTS ACTUAL MILEAGE.
 - ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)
 - ☐ 3. IS NOT THE ACTUAL MILEAGE. **WARNING - ODOMETER DISCREPANCY**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Seller's Signature 		Seller's Printed Name GATOR OF PALM BAY	
Seller's Street Address 1101 PALM BAY RD			
City MELBOURNE		State FL	Zip 32904

Buyer's Signature 		Buyer's Printed Name JASON SCOTT PRICE	
Buyer's Street Address 121 LANCHA CIR UNIT 107			
City SATELLITE BEACH		State FL	Zip 32937

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON WHO IS BUYING OR SELLING A MOTOR VEHICLE AND WHO MUST MAKE OR ACKNOWLEDGE AN ODOMETER DISCLOSURE, IN ORDER TO COMPLY WITH STATE OR FEDERAL ODOMETER DISCLOSURE LAW.

WHEN SHOULD THIS FORM BE USED?

1. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN SOLD.
2. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN PURCHASED.
3. WHEN AN ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT BETWEEN THE BUYER AND THE SELLER IS REQUIRED, BUT NO ODOMETER DISCLOSURE STATEMENT HAS BEEN MADE ON ANOTHER STATE OR FEDERAL FORM.

WHEN SHOULD THIS FORM NOT BE USED?

1. WHEN A FLORIDA TITLE WHICH WAS ISSUED ON OR AFTER APRIL 29, 1990 IS AVAILABLE.
2. WHEN A FORM HSMV 82994, MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT, HAS BEEN USED.
3. WHEN A FORM HSMV 82995, MOTOR VEHICLE DEALER POWER OF ATTORNEY/ODOMETER DISCLOSURE, HAS BEEN USED.
4. WHEN AN OUT-OF-STATE TITLE, WHICH CONFORMS TO FEDERAL LAW, IS USED TO TRANSFER A MOTOR VEHICLE.

FILING:

1. COPIES SHOULD BE EXCHANGED BETWEEN THE SELLER AND THE BUYER. DEALERS MUST RETAIN THIS DOCUMENT IN THEIR RECORDS FOR A PERIOD OF FIVE YEARS.
2. IT IS NOT NECESSARY TO FILE THIS FORM OR ANY COPY OF THIS FORM WITH THE STATE OF FLORIDA, UNLESS REQUESTED TO DO SO BY THE DIVISION OF MOTORIST SERVICES.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>





APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Deal # 104194

Please submit this form to your local tax collector office or license plate agency.

Stock # 1753

www.flhsmv.gov/locations

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☐ Original ☒ TransferRequest to print Certificate of Title: ☒ No ☐ Yes: In office ☐ Yes: MailedOff-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)☐ Recreational Off-Highway Vehicle (ROV)☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number 615822787	Fleet Number	Unit Number	Owner's County of Residence BREVARD	
Owner Details: Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <input type="checkbox"/> With Rights of Survivorship		
Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) JASON SCOTT PRICE		Owner's Phone Number (Voluntary)	Owner's Email (Voluntary)	Sex M Date of Birth 04/04/1985
FL DL/ID or FEID/Suffix Number P620437851240	Owner's Mailing Address 121 LANCHA CIR UNIT 107		City SATELLITE BEACH	State FL Zip Code 32937
Owner's Residential Street Address 121 LANCHA CIR UNIT 107			City SATELLITE BEACH	State FL Zip Code 32937
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex Date of Birth
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State Zip Code
Co-Owner Details: Are you a Florida Resident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's Phone Number (Voluntary)	Co-Owner's Email (Voluntary)	Sex Date of Birth
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address		City	State Zip Code
Co-Owner's/Lessee's Residential Street Address			City	State Zip Code

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN) 1N4AA5AP4EC907999		Florida Title Number 119503355		License Plate Number RWHU57		Previous State of Issue	
Make/Manufacturer NISS	Model MAXIMA	Year 2014	Body 4D	Color GRY	Length Ft. In	Weight 3463	GVW BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric						

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input checked="" type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FEID/Suffix # <input checked="" type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB 208200518	Lienholder's Phone Number (Voluntary)	Lienholder's Email (Voluntary)	
Date of Lien 05/21/2025	Lienholder's Mailing Address PO BOX 660068	City SACRAMENTO	State CA	Zip Code 95866
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) CAPITAL ONE AUTO FINANCE		<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here: _____		

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? <input checked="" type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____	Date Acquired: 05 / 21 / 2025
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Section 6: ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/we state that this ☐ 5 or ☒ 6-digit odometer now reads 50,189 .xx miles. Date Read: 05 / 21 / 2025
(No tenths)

I/we hereby certify that to the best of my/our knowledge the odometer reading:
☒ 1. REFLECTS ACTUAL MILEAGE. ☐ 2. IS NOT THE ACTUAL MILEAGE. ☐ 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)

Florida Sales Tax Registration Number 1580149016249	Dealer License Number VF10009072	Date of Sale 05/21/2025	Amount of Tax 835.03	Dealer/Agent Signature
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	

Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. **Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.**

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date 05/21/2025
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Select which option best represents the certifying inspector:

<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	<input type="checkbox"/> Florida Notary Public (Stamp or Seal) Signature: _____
<input checked="" type="checkbox"/> Florida Dealer	Dealer Name: <u>GATOR OF PALM BAY</u>	Dealer Number: <u>VF10009072</u>	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____

I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:

<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift	<input type="checkbox"/> Divorce Decree	<input type="checkbox"/> Transfer between a married couple	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Even trade or trade down _____ (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)				

Section 10: REPOSSESSION DECLARATION

☐ I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

Section 11: NON-USE AND OTHER CERTIFICATIONS

If checked, the following certifications are made by the applicant:

<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the VIN. (More than one form HSMV 82040 may be used for additional signatures.)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Full Name of Applicant, Owner JASON SCOTT PRICE	Signature of Applicant, Owner 	Date 05/21/2025
Full Name of Applicant, Co-Owner	Signature of Applicant, Co-Owner	Date 05/21/2025

Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)

The undersigned person(s) state(s) that _____ died on _____
(Name of deceased) (Date)

<input type="checkbox"/> Testate (with a will)	<input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below.
<input type="checkbox"/> When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.	

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

(More than one form HSMV 82040 may be used for additional signatures.)

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date

That at the time of death the decedent was owner of the motor vehicle described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

AGREEMENT TO FURNISH INSURANCE POLICY

Date 05/21/2025

To Seller/Lessor GATOR CHRYSLER, INC

300 E. NASA BLVD. MELBOURNE FL 32901

The undersigned Buyer/Lessee(s) agree(s) to furnish his/their own Insurance Policy, covering a vehicle which is the subject of a credit sale contract/lease dated this 21st day of MAY, YR 2025

The vehicle referred to herein is described as follows:

Year	Make	Model	Body Type	Vehicle Identification No.
------	------	-------	-----------	----------------------------

2014	NISSAN	MAXIMA	4DR SDN 3.5 S	1N4AA5AP4EC907999
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Such Insurance Policy must be delivered to the Seller/Lessor within _____ days from the date of this Agreement. The following is not an acceptable policy: Maintenance or repair contracts, One Month Policies or Insurance Certificates that make reference to a "Master Insurance Agreement." If Seller/Lessor does not receive such Policy by the time stated, Seller/Lessor may (but is not required to) procure insurance of the kind and type agreed to be furnished under the terms of the credit sale contract/lease. Such insurance may cover only Seller's/Lessor's interest in the vehicle as the law allows.

Ins.Co. STATE FARM Agent JOSH POST

ONE STATE FARM PLAZA BLOMMINGTON IL 61710 (321)254-8406

Policy No. P278868D18594 Exp. Date 04/18/2026

☐ Fire & Theft - ☐ Additional Coverage - ☒ \$ 500.00 Deductible Comprehensive - ☒ \$ 500.00 Deductible Collision

In the event Buyer/Lessee(s) fail(s) to furnish a valid insurance policy, or written evidence of insurance, of the type required under the credit sale contract/lease, Buyer/Lessee(s) hereby agree(s) to pay to Seller/Lessor or assignees any earned premium for any policy they may have to place for the above described vehicle in accordance with repayment procedures set forth in the credit sale contract/lease.

Buyer/Lessee(s) further agree(s) to assume any and all responsibility for damage to the vehicle or resulting from the use, maintenance or operation of the vehicle, and agree to hold Seller/Lessor free of any loss, claim, or liability resulting from any damage to the vehicle or from the vehicle's use, maintenance or operation.

Loss Payee	CAPITAL ONE AUTO FINANCE
Loss Payee's Address	PO BOX 390907 MINNEAPOLIS MN 55439-0907

NOTICE TO BUYER/LESSEE: This Agreement does not authorize the Seller/Lessor to order **Public Liability** or **Property Damage Insurance**. Any insurance ordered by the Seller/Lessor or Seller's/Lessor's Assignee will cover loss of or damage to the vehicle and will not include **Public Liability** or **Property Damage Insurance**.

BUYER/SLESSEE'S NAME (Printed) JASON SCOTT PRICE
(865) 441-9235 N/A
HOME PHONE BUSINESS PHONE

ADDRESS 121 LANCHA CIR UNIT 107
SATELLITE BEACH FL 32937-2607

HOME PHONE _____ BUSINESS PHONE _____
X *Yasm Prince*
 BUYER'S/LESSEE'S SIGNATURE

X _____
CO-BUYER'S/CO-LESSEE'S SIGNATURE