vitu

Cover Sheet - FL

Process Date
09/25/2026

Transaction Id
180471618

Titling State
FL

Military
N

1FA6P8TH9M5126071 2021 FORD
Used Auto

Vehicle Info

Model: Mustang
Body Type: Two Door
GVW:
Fuel Type: Gas
Odometer Reading: 75344

Sale Information

Purchase Date: 08/29/2026
Sale Type: Purchase
Taxable Selling Price: 20,255.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: FRANKLIN ALARCON PEREZ
Owner 2 Name:
Residence Address: 4359 WINNERS CIR,APT 1016, SARASOTA, Sarasota, FL, 34238
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name: CAPITAL ONE AUTO FINANCE
Address: PO BOX 660068, SACRAMENTO, CA, 95866
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title Only
Registration Action:
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to:
Phone:
Mailing Address:

Fee Summary

TITLE FEE	$87.75
FL STATE TAX (6%)	$1,215.30
FL DISCRETIONARY SURTAX (1%)	$50.00
VITU FULL SERVICE FEE	$105.00
FL STATE VARIABLE FEES	$.00
Total	**$1,458.05**

Submitted By: Jessie Haldeman
Phone: (317)580-6888
Location: Tom Wood Lexus
Address: 4610 E. 96th Street, Indianapolis, Marion, IN, 46240

For Vitu use

Pre-Checker Name

Comments / Resolution:

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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CNTY#	AGY#	SUB#	RPT#
39	2	D7438SDB	6816

AUDIT #

STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL CERTIFICATE OF TITLE

L# T# 2378270491 B# 50384106 S# 122367621

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR		WT/LENGTH	PRINCPL OPERAT	GVW/LOC
165055080	1FA6P8TH9M5126071	2021	FORD		2D	GRY		3730		

DATE OF ISSUE MO.	DAY	YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
10	02	26	OUT	PRIVATE								

Applicant/Owner's Name & Address
FRANKLIN SAMUEL ALARCON PEREZ
4359 WINNERS CIR APT 1016
SARASOTA, FL 34238-5328

SEX	BIRTHDATE MO.	DAY	YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
M	05	11	98	X			16

1st OWNER FL/DL # OR F.E.I.D.#: A621909907000
2nd OWNER FL/DL # OR UNIT #:

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	103.00	50.00	157.75

Action Requested: ORIG USED TITLE
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
IN	08/29/2026		XX	75,344 MILES 08/29/2026 ACTUAL	☐

LIEN INFORMATION

	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	08/29/2026	10/02/2026	752163778-73	208200518

NAME OF FIRST LIENHOLDER:
CAPITAL ONE AUTO FINANCE
ADDRESS
ELECTRONIC LIEN

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED

☐ **PURCHASER HOLDS VALID EXEMPTION CERTIFICATE**
☐ **VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL**
☐ **OTHER** REGULAR

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS $ 20,255.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $ 50.00

[X] **SELLING PRICE VERIFIED**

APPLICANT CERTIFICATION

_____ **I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.**

_____ **I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.**

_____ **I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.**

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

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

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

LEVY CO 39 AG 02

LEVY County Tax Collector

Chiefland, FL

Date: 10/02/2026 Office: 39/02 (D74) Cashier: D7438SDB

Batch Summary

Batch Number: 50384106 Total Transactions: 1

Transaction Detail

FEID/DL/ID Number	Customer Name	Transaction Type	Fee Total
A621-909-90-700-0	Franklin Samuel Alarcon Perez	OUT - Orig Used Title	$157.75

Credit Card Convenience Fee:	$0.00
Batch Fee Total:	$157.75

Payment Detail

Payment Type	Confirmation Number	Amount Paid
Check		$157.75

Mission: Providing Highway Safety and Security through Excellence in Service, Education, and Enforcement.