vitu

Cover Sheet - FL

Process Date
10/29/2026

Transaction Id
193060232

Titling State
FL

Military
N

5NPLS4AG2MH028868 2021 HYUNDAI
Used Auto

Vehicle Info

Model: ELANTRA
Body Type: Four Door
GVW: 4000
Fuel Type: Gas
Odometer Reading: 25250

Sale Information

Purchase Date: 09/29/2026
Sale Type: Purchase
Taxable Selling Price: 0.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: Erykah Cuff
Owner 2 Name:
Registered Address: 13100 Broxton Bay Dr 616, Jacksonville, Duval, FL, 32218
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name: Upstart Network Inc.
Address: PO BOX 1503, SAN CARLOS, San Mateo, CA, 94070
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Lien Add
Registration Action:
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to:
Phone:
Mailing Address:

Fee Summary

TITLE FEE	$85.25
Total	**$85.25**

Submitted By: Upstart API User
Phone: (650)863-92
Location: Upstart Network INC - PerfecTitle
Address: 220 Park Rd Ste 500, Burlingame, San Mateo, CA, 94010

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#
46	2	TC33RSL	7146

AUDIT #

STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL CERTIFICATE OF TITLE

L#
T# 2393928997
B# 52288649
S# 122808463

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR		WT/LENGTH	PRINCPL OPERAT	GVW/LOC
142844323	5NPLS4AG2MH028868	2021	HYUN	4D	GRY		2868		

DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
10 28 26	TDL	PRIVATE								

Applicant/Owner's Name & Address
ERYKAH OLIVIA CUFF OR ROSHELLE DENISE CAMPBELL
13100 BROXTON BAY DR APT 616
JACKSONVILLE, FL 32218-8372

SEX	BIRTHDATE MO. DAY YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
F	07 24 98	X			2

1st OWNER FL/DL # OR F.E.I.D.#: C238753788000
2nd OWNER FL/DL # OR UNIT #: C514724886470

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	73.00	0.00	77.75

Action Requested: DUPLICATE TITLE WITH LIEN RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	05/30/2021		XX	25,250 MILES 09/29/2026 ACTUAL	☐

LIEN INFORMATION

	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	09/29/2026	10/28/2026	454660612-01	264485103

NAME OF FIRST LIENHOLDER:
UPSTART NETWORK, INC

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** DEALER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS: $ 0.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES: $ 0.00

☐ **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.