vitu

Cover Sheet - FL

| Process Date | Transaction Id |
|---|---|
| 10/16/2026 | 194238679 |
| **Titling State** | **Military** |
| FL | N |

## W1KRJ8CB8TF010475 2026 MERCEDES-BENZ

## Used Auto

**Vehicle Info**

Model: AMG GT
Body Type: Two Door
GVW:
Fuel Type: Gas
Odometer Reading: 291

**Sale Information**

Purchase Date: 10/03/2026
Sale Type: Purchase
Taxable Selling Price: 96,979.00
MSRP:
List Price:
Trade in Value: 80,000.00

**Owner Info**

Owner 1 Name: JEFFREY GAMBINO
Owner 2 Name:
Registered Address: 1483 TANGIER WAY, SARASOTA, Sarasota, FL, 34239
Lessor Name:
Address:

**Lienholder Info**

Lienholder 1 Name: JPMORGAN CHASE BANK NA
Address: 700 KANSAS LANE LA4-4041, MONROE, OUACHITA, LA, 71203
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

**Registration Information**

Application Type: Title & Registration
Registration Action: Plate Transfer
Registration Period:
Plate Number: GPW53
Expiration Date: 05/24/2028

**Final Destination**

Send to: JADEN WARNER
Phone: (585)487-4072
Mailing Address: 4296 W HENRIETTA RD, ROCHESTER, MONROE, NY, 14623

**Fee Summary**

| | |
|---|---|
| TITLE FEE | $87.75 |
| REGISTRATION TAX | $4.60 |
| FL STATE TAX (6%) | $5,818.74 |
| FL DISCRETIONARY SURTAX (1%) | $50.00 |
| VITU FULL SERVICE FEE | $165.00 |
| FL STATE VARIABLE FEES | $.00 |
| **Total** | **$6,126.09** |

**Submitted By:** Jaden Warner
Phone: (585)424-4740
Location: West Herr Mercedes Benz of Rochester
Address: 4296 West Henrietta Rd, Rochester, Monroe, NY, 14623

[redacted]
Pre-Checker Name

**Comments / Resolution:**

OCT 19 2026
KF

**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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IMPORTANT INFORMATION

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used.
For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F. S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on the roads of this state.

S. 320.02 and 627.733, F. S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Mail To:

**JEFFREY SCOTT GAMBINO**
**1483 TANGIER WAY**
**SARASOTA, FL 34239-5832**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or by mail to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 46 / 02 T# 2394553605
B# 52387883

# FLORIDA VEHICLE REGISTRATION

PLATE **GPW53** DECAL **01723407** Expires **Midnight Wed 05/24/2028**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| YR/MK | **2026/MERZ** | BODY | **2D** | COLOR | **GRY** | Reg. Tax | 1.60 | Class Code | 1 |
| VIN | **W1KRJ8CB8TF010475** | | | TITLE | **165352819** | Init Reg. | | Tax Months | 19 |
| Plate Type | **GAR** | NET WT | **4732** | | | County Fee | 3.00 | Back Tax Mos | 0 |
| | | | | | | Mail Fee | | Credit Class | |
| DL/FEID | **G355069550000** | | | | | Sales Tax | | Credit Months | |
| Date Issued | **10/29/2026** | Plate Issued | **02/19/2025** | TRANSFER | **X** | Voluntary Fees | | | |
| | | | | | | Grand Total | 4.60 | | |

**JEFFREY SCOTT GAMBINO**
**1483 TANGIER WAY**
**SARASOTA, FL 34239-5832**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

**GAR - GADSDEN FLAG**

| CNTY# | AGY# | SUB# | RPT# |
|---|---|---|---|
| 46 | 2 | TC33RSL | 7147 |

AUDIT #

# STATE OF FLORIDA
## APPLICATION FOR VEHICLE / VESSEL CERTIFICATE OF TITLE

L#
T# 2394553339
B# 52387883
S# 122832296

| TITLE NUMBER | VEHICLE/VESSEL IDENTIFICATION # | YR. | MAKE | MAKE or MANUFACTURER | BODY TYPE | VEHICLE COLOR | | WT/LENGTH | PRINCPL OPERAT | GVW/LOC |
|---|---|---|---|---|---|---|---|---|---|---|
| 165352819 | W1KRJ8CB8TF010475 | 2026 | MERZ | | 2D | GRY | | 4732 | | |

| DATE OF ISSUE MO. | DAY | YEAR | TRANS CODE | VEHICLE USE | HULL MATERIAL | PROPULSION | ENGINE DRIVE | FUEL | VESSEL TYPE | WATER | FL NUMBER | AUTH DESTRUCTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | 29 | 26 | OUT | PRIVATE | | | | | | | | |

Applicant/Owner's Name & Address
JEFFREY SCOTT GAMBINO
1483 TANGIER WAY
SARASOTA, FL 34239-5832

| SEX | BIRTHDATE MO. | DAY | YEAR | RESIDENT Y | N | ALIEN | CNTY RES.# |
|---|---|---|---|---|---|---|---|
| M | 05 | 24 | 71 | X | | | 16 |

1st OWNER FL/DL # OR F.E.I.D.#: G355069550000
2nd OWNER FL/DL # OR UNIT #:

VOLUNTARY CONTRIBUTIONS

| AGENCY FEE | TITLE FEE | SALES TAX | GRAND TOTAL |
|---|---|---|---|
| 4.75 | 83.00 | 5,868.74 | 5,956.49 |

**Action Requested:** ORIG USED TITLE RETAINED AS ELECTRONIC TITLE

**Brands:**

| PREV. STATE | DATE ACQUIRED | NEW | USED | ODOMETER / VESSEL MANUFACTURER | ODOMETER DECLARATION CERTIFICATION |
|---|---|---|---|---|---|
| NY | 10/03/2026 | | XX | 291 MILES 10/03/2026 ACTUAL | ☐ |

## LIEN INFORMATION

| | DATE OF LIEN | RECEIVED DATE | FEID # OR FL / DL AND SEX AND DATE OF BIRTH | DMV ACCOUNT # |
|---|---|---|---|---|
| ELT | 10/03/2026 | 10/29/2026 | 134994650-11 | 217320415 |

NAME OF FIRST LIENHOLDER:
JP MORGAN CHASE BANK, N.A.

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 $ 96,979.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $ 5,868.74

[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.