

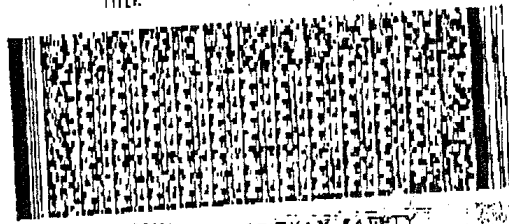
CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED, UNDER SECTION 319.23/328 03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS HEREBY IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED.

IDENTIFICATION NUMBER 1FAFP4442WF174688		YR 1998	MAKE FORD	MODEL	BODY CV	-WT-L-BHP 3168	VESSEL REGIS NO.	TITLE NUMBER 74959380
PREV STATE FL	COLOR RED	PRIMARY BRAND		SECONDARY BRAND		NO OF BRANDS	USE PVT	PREV ISSUE DATE 05/01/1998
ODOMETER STATUS OR VESSEL MANUFACTURER OR USE 89970 MILES		DATE OF BSUP 06/02/2004						

REGISTERED OWNER
BRIAN ROGER NAGEL

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED BY _____ DATE _____



1ST LIENHOLDER
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
CARL A. FORD
DIRECTOR

Original Number **66498621**

Fred O. Dickinson III
FRED O. DICKINSON III
EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)
I hereby certify that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted and certified to be free from any lien except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to the purchaser and certified to be free from any lien except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to the purchaser.

We state that this 5 or 6 digit odometer now reads **07523024** (no tenths) miles, date read **3-3-05** and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

CAUTION DO NOT CHECK BOX IF ACTUAL MILEAGE
1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
2. I hereby certify that the odometer reading under the actual mileage.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
Signature of Purchaser: *Robert E. Chapman*
Signature of Co-Purchaser: _____
Signature of Seller: *Brian Nagel*
Signature of Co-Seller: _____
(When Applicable)
Selling Dealer's License Number: _____

Printed Name of Purchaser: **ROBERT E. CHAPMAN**
Printed Name of Co-Purchaser: _____
Printed Name of Seller: _____
Printed Name of Co-Seller: _____
Tax Collected: _____
License Number: _____

STATE OF FLORIDA

ODOMETER CERTIFICATION - Federal and state laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing a false statement may result in a civil or criminal penalty.

SELLER/AGENT
 Selling Dealer's License No. _____ Dealer's Name _____ Tax Collected _____
 Selling Dealer's Address _____
 I/We warrant this title and certify that the vehicle described herein has been transferred on (date) _____ to the following:
 Name(s): _____ Address: _____
 I/We state that this 5 or 6 digit odometer now reads: (no Tenth) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.
CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. 2. I hereby certify that the odometer reading is not the actual mileage. **WARNING - ODOMETER DISCREPANCY.**
 Signature of Purchaser: _____ Printed Name of Purchaser: _____
 Co-Purchaser: _____ Co-Purchaser: _____
 Seller/Agent, Action Name (When Applicable): _____ Seller/Agent, License Number: _____

SELLER/AGENT
 Selling Dealer's License No. _____ Dealer's Name _____ Tax Collected _____
 Selling Dealer's Address _____
 I/We warrant this title and certify that the vehicle described herein has been transferred on (date) _____ to the following:
 Name(s): _____ Address: _____
 I/We state that this 5 or 6 digit odometer now reads: (no Tenth) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.
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 Signature of Purchaser: _____ Printed Name of Purchaser: _____
 Co-Purchaser: _____ Co-Purchaser: _____
 Seller/Agent, Action Name (When Applicable): _____ Seller/Agent, License Number: _____

SELLER/AGENT
 Selling Dealer's License No. _____ Dealer's Name _____ Tax Collected _____
 Selling Dealer's Address _____
 I/We warrant this title and certify that the vehicle described herein has been transferred on (date) _____ to the following:
 Name(s): _____ Address: _____
 I/We state that this 5 or 6 digit odometer now reads: (no Tenth) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.
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 Signature of Purchaser: _____ Printed Name of Purchaser: _____
 Co-Purchaser: _____ Co-Purchaser: _____
 Seller/Agent, Action Name (When Applicable): _____ Seller/Agent, License Number: _____

NOTICE: SEVERAL PENALTIES ARE REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.
 I make application for a new certificate of title and registration transfer, if applicable, for said motor vehicle or vessel which now has less than 10 years, name and address of each transferee, if none, write NONE, RECORD NUMBER BEING OF TYPE DISK, KEY, PERM or NONE and Date of Birth _____
 Transferee's Name: _____ Date of Birth: _____
 Address _____ State _____
THIS VEHICLE WILL BE USED AS TAXICAB MOTORCYCLE LEASED PRIVATE
 LAW ENFORCEMENT VEHICLE THIS VEHICLE TO BE USED SHALL NOT BE OPERATED ON THE PUBLIC HIGHWAYS OF THIS STATE.
 I/We state that this 5 or 6 digit odometer now reads: (no Tenth) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.
CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. 2. I hereby certify that the odometer reading is not the actual mileage. **WARNING - ODOMETER DISCREPANCY.**
 (PRINT/TYPE NAME OF PURCHASER(S) IDENTICAL AS SIGNED BELOW) **NOTE:** When (B)G or (B)M, please indicate "B" or "M" between names. If no indication, "and" will be shown.
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____ License Plate No. _____
 (UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE PURCHASING DOCUMENT AND THAT THE FACTS STATED INT ARE TRUE.)
 Signature of 1st Purchaser _____ (First Name, Middle Initial, Last Name) RESIDENT NONRESIDENT ALIEN (Florida Bill of 9013110) (Print's purchaser's Date of Birth)
 Signature of Co-purchaser _____ (First Name, Middle Initial, Last Name) RESIDENT NONRESIDENT ALIEN (Florida Bill of 9013110) (Second Purchaser's Date of Birth)

THIS DOCUMENT IS TO BE FILED BY LICENSED DEALER. THIS DOCUMENT IS TO BE FILED BY LICENSED DEALER. THIS DOCUMENT IS TO BE FILED BY LICENSED DEALER.

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE
AND/OR REGISTRATION

COUNTY	AGY #	SUB #	REPORT #



DECAL NUMBER	DECAL YR. ISSUED	SEX	BIRTHDATE MO DAY YEAR	EXPIRES MO DAY YEAR	TRANS CODE	INSURANCE PIP LAB. ISS. SEC.	PLATE ISS. SEC.	RESIDENT Y N (ALEN)	COUNTY RES #	DATE OF ISSUE MO DAY YEAR	PLATE NUMBER OR FLOR. DA #
TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #				YR. MAKE	MAKE OF MANUFACTURER	BODY TYPE	CLASS	WT./LENGTH	GVW. LOC.	
HULL MATERIAL	PROPULSION	FUEL	VESSEL USE	VESSEL TYPE	WATER	VEHICLE COLOR	1st OWNER FL. DL# OR FEI. #				

Applicant / Owner's Name & Address

ROBERT D. CHAPMAN
1010 W. GOLF COURSE
GAINESVILLE, FL 32608-0000

Handwritten signature: RDC

2nd OWNER FL. DL# OR UNIT #

VOLUNTARY CONTRIBUTIONS

FLEET NUMBER	MOS	CREDIT VEHICLE CLASS	WT/LENGTH	MOS	REG. FEE	INIT. REG.	AGENCY FEE	MAIL FEE	TITLE FEE	SALES TAX	GRAND TOTAL

Action Requested:

Brands:

STATE PREV. REG.	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER
ED	11/05/2008			35,540 MILE / 8.06 HUND. ACTUAL

LIEN INFORMATION		DATE OF LIEN	FEID # OR FL / DL # AND SEX AND DATE OF BIRTH	<input type="checkbox"/> ODOMETER DECLARATION CERTIFICATION
NAME OF FIRST LIENHOLDER: IF NO LIEN, ENTER NONE:				
ADDRESS:				
CITY	STATE	ZIP CODE		VEHICLE USE:
				SALVAGE TYPE

SELLER INFORMATION	
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER:	
ADDRESS:	
CITY	STATE ZIP CODE
DEALER LICENSE NO.:	

SALES TAX AND USE REPORT		CONSUMER OR SALES TAX EXEMPTION #
TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED <input type="checkbox"/> PURCHASER HOLDS VALID EXEMPTION CERTIFICATE <input type="checkbox"/> VEHICLE/VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL <input type="checkbox"/> OTHER	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ _____ INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ _____	<input type="checkbox"/> 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: Robert D. Chapman

Signature of Applicant/Owner