

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90047 044 \*\*\*150.00

**DOCUMENT # F02000003068**

**1. Entity Name**  
**LIGHTWAY INDUSTRIES INCORPORATED**



**Principal Place of Business**  
**28435 INDUSTRY DRIVE**  
**VALENCIA CA 91355**

**Mailing Address**  
**28435 INDUSTRY DRIVE**  
**VALENCIA CA 91355**

**90015076**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **95-3976269**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KIEPERT, MICHAEL**  
**3254 WILD PEPPER COURT**  
**DELTONA FL 32725**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PCST** ☐ Delete  
**NAME** **BARGMAN, JEFFREY B**  
**STREET ADDRESS** **18658 SAN FERNANDO ROAD**  
**CITY-ST-ZIP** **NORTHRIDGE CA 91326**

**TITLE** **DV** ☒ Delete  
**NAME** **HARDY, ROBERT E**  
**STREET ADDRESS** **204 THOMPSON**  
**CITY-ST-ZIP** **NEW LONDON IA 52645**

**TITLE** **D** ☐ Delete  
**NAME** **BALTZELL, DONALD D**  
**STREET ADDRESS** **29995 E. MIRA LOMA**  
**CITY-ST-ZIP** **PLACENTIA CA 92806**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VICE PRESIDENT & DIRECTOR** ☐ Change ☒ Addition  
**NAME** **PATTAN, GARY N.**  
**STREET ADDRESS** **20448 VIA CENNINI**  
**CITY-ST-ZIP** **NORTHRIDGE, CA 91326**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-22-03**

**661/257-0286**

Date

Daytime Phone #

CR2E034 (10/02)