

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000754

1. Entity Name

FASTENAL COMPANY

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90383 027 ***150.00

Principal Place of Business

Mailing Address

BOX 978
WINONA MN 55987

BOX 978
WINONA MN 55987-0978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0948415

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCE, KEN
2714 W SILVER SPRGS BLVD
OCALA FL 34475

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GOSTOMSKI, MIKE
STREET ADDRESS 534 RONALD AVENUE
CITY-ST-ZIP WINONA MN 55987

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

TITLE D ☐ Delete
NAME REMICK, JACK
STREET ADDRESS 3232 FOX HOLLOW CT
CITY-ST-ZIP ROCHESTER MN 55902

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

TITLE D ☐ Delete
NAME MCCONNON, HENRY V
STREET ADDRESS 1350 GREENWOOD CIRCLE
CITY-ST-ZIP STATE COLLEGE PA

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

TITLE PD ☐ Delete
NAME KIERLIN, ROBERT
STREET ADDRESS RT 1
CITY-ST-ZIP WINONA MN 55987

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

TITLE SD ☐ Delete
NAME SLAGGIE, STEPHEN
STREET ADDRESS 219 WABASHA
CITY-ST-ZIP WINONA MN 55987

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

TITLE T ☐ Delete
NAME FLORNESS, DAN
STREET ADDRESS 461 GLENVIEW DR
CITY-ST-ZIP WINONA MN

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel A. Florness

CORP. TREASURER

4-28-00

(507)454-5374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)