

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07204811
Filing Number: 2103113022084
Filing Date/Time: 03/11/2021 08:40 AM
Effective Date/Time: 03/11/2021 08:40 AM



1. CORPORATION NAME:

Solutions Two, Inc.

DUE DATE: **03/31/21**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

C COOPER YOUELL IV
28A W. KIRK AVENUE SW
P.O. BOX 779
ROANOKE, VA 24004-0000

SCC ID NO.: **0720481-1**

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

770-ROANOKE CITY

4. STATE OR COUNTRY OF INCORPORATION:

VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 909 IOWA ST	ADDRESS:
CITY/ST/ZIP SALEM, VA 24153-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: PAUL STORY JR	NAME:
TITLE: President	TITLE:
ADDRESS: 909 IOWA ST	ADDRESS:
CITY/ST/ZIP: SALEM, VA 24153-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Paul Story Jr CEO
PRINTED NAME AND CORPORATE TITLE

3/5/2021
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Solutions Two, Inc.

DUE DATE: **03/31/21**
SCC ID NO.: **0720481-1**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: MEGAN STORY TITLE: ADDRESS: 909 IOWA ST CITY/ST/ZIP: SALEM, VA 24153-0000	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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