

2020 ANNUAL REPORT **COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 07859655 Filing Number: 2011182617832 Filing Date/Time: 11/18/2020 11:03 AM

1.	CORPORATION	NAME
	BLIEORD'S BRO	INC

12/31/20 DUE DATE:

SHARES: 100

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

SCC ID NO.: 0785965-5

BUFORD W BROWN 519 SALEM AVE NEW CASTLE, VA 24127-0000

5. TOTAL NUMBER OF AUTHORIZED

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 045-CRAIG COUNTY
- 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:

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: PO BOX 141	ADDRESS:	
CITY/ST/ZIP NEW CASTLE, VA 24127-0000	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: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement	
OFFICER X DIRECTOR X	OFFICER DIRECTOR	
NAME: BUFORD W BROWN	NAME:	
TITLE: President	TITLE:	
ADDRESS: 519 SALEM AVE	ADDRESS:	
CITY/ST/ZIP: NEW CASTLE, VA 24127-0000	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

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.

