Companies House

AR01 (ef)

Annual Return

X48N1DNL

Received for filing in Electronic Format on the: **01/06/2015**

Company Name:	**OSTOMART LIMITED**
Company Number:	**02922943**
Date of this return:	**19/04/2015**
SIC codes:	**86900**
Company Type:	**Private company limited by shares**
Situation of Registered Office:	**1 CARLTON BUSINESS CENTRE CARLTON NOTTINGHAM NOTTINGHAMSHIRE NG4 3AA**

Officers of the company

Company Director 1

Type: **Person**

Full forename(s): **MR JEREMY DAVID**

Surname: **EAKIN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **26/07/1967** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Company Director 2

Type: **Person**

Full forename(s): **MR PAUL ANDREW**

Surname: **EAKIN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **27/11/1962** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Company Director 3

Type: **Person**

Full forename(s): **MR PAUL**

Surname: **MACQUILLAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **IRELAND**

Date of Birth: **23/06/1958** *Nationality:* **IRISH**

Occupation: **CHARTERED ACCOUNTANT**

Statement of Capital (Share Capital)

Class of shares	**ORDINARY**	*Number allotted*	**2**
		Aggregate nominal value	**2**
Currency	**GBP**	*Amount paid per share*	**1**
		Amount unpaid per share	**0**

Prescribed particulars

ONE VOTE PER SHARE

Statement of Capital (Totals)

Currency	**GBP**	*Total number of shares*	**2**
		Total aggregate nominal value	**2**

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 19/04/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **2 ORDINARY shares held as at the date of this return**
Name: **CLIFFE MEDICAL LIMITED**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.