

— for the record — ompany Name

N B SANDERS (TRAILERS) LIMITED

Company Type
Private Company Limited By
Shares
Company Number
3709752
Information extracted from
Companies House records on
25th January 2000

May o



363s Annual Return

- > Please check the details printed in blue on this statement.
- If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and wri

Section 1: Company details



COMPANIES HOUSE

0451 18/02/00

COMPANIES HOUSE

03/02/00

Ref: 3709752/01/01	Current details	Amended details
Registered Office Address If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Werrington Bridge Road Milking Nook, Peterborough PE6 7PP	Address UK Postcode
Register of Members If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Address where the Register is held At Registered Office	Address UK Postcode
Register of Debenture Holders If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Not Applicable	Address UK Postcode
Principal Business Activities If no entries are shown, please enter principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.		SIC CODE Description 42 TRAILTA HIRT

Section 2: Details of Officers of the Company

	Current details	Amended details
> Company Secretary If any of the details for this person are wrong, strike	Name Simon MACDONALD	Name
them through and fill in the correct details in the "Amended details" column	Address 37 School Road Newborough Peterborough	Address RTSICNTO
	PE6 7RG	UK Postcode
		Date of change / /
Particulars of a new Company Secretary must be notified on form 288.		Date Simon MACDONALD ceased to be secretary (if applicable)
> Director if any of the details for this	Name Neville Buckle SANDERS	Name
person are wrong, strike them through and fill in the		Address
correct details in the "Amended details" column	Carigicale	
	Werrington Bridge Road Peterborough PE6 7PP	
		UK Postcode
		Date of birth//
	Date of birth 28/08/1931	Nationality
	Nationality British	Occupation
		Date of change / / /
Particulars of a new Director must be notified on form	Occupation Engineer	Date Neville Buckle SANDERS ceased to be director (if applicable)
288.	i i	//

Section 3: Total Issued Share Capital

(B)

> Please enter the details of the company's total share capital in the space provided below.

		Issued share capital details	
•	Please fill in the details of total share capital by class (eg. ordinary, preference etc) that has been issued to the company's shareholders.	Class of Share OR DINART	Number of shares issued / OO Aggregate Nominal Value of issued shares
		Class of Share	Number of shares issued Aggregate Nominal Value of issued shares
		Class of Share	Number of shares issued
			Aggregate Nominal Value of issued shares
		Class of Share	Number of shares issued
			Aggregate Nominal Value of issued shares
	> Please fill in the annumber of issued shares and their nominal value.	i	Number of shares issued / O O Aggregate Nominal Value of issued shares L100-00

> Please send a full list of shareholders with this annual return. Use Sections 4A (and 4B if appropriate) to give the details. You must name all the shareholders.

Company Number - 3709752

Section 4: Details of Current Shareholders

- > Please fill in the details of any persons or corporate bodies who are shareholders at the date of this return.
- > For jointly held shares please list those joint shareholders consecutively on the form. If a joint shareholder also holds shares in their own right, list that holding seperately.
- > Please use Section 4B to give details of any persons or corporate bodies who have ceased to be shareholders since the last annual return or, in the case of a first return, since the incorporation of the company.
- Please copy this page if there is not enough space to enter all the company's current shareholders.

company's current shareholders.				
Shareholders details	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred (If appropriate)		
Name ISNA TRADING LA Address 2 /S MAIN ST POBOX 239 GIBRATTAR UK Postcode LLLL	100	7	309.99	
Name				
UK Postcode			i	
Name				
Address				
UK Postcode				
Name				
Address UK Postcode				

Section 4B: Details of Former Shareholders

- > Please fill in details of any persons or corporate bodies who have ceased to be shareholders at the date of this return. Also, please give the dates that their shares were transferred.
- > Please copy this page if there is not enough space to enter all the company's former shareholders.

	Former shareholders details	Class and number of shares or amount of stock transferred	
Name			
Address			
	UK Postcode	Colyte post4 tellstells	eraji ya eserek
Name			
Address			
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<u> </u>	UK Postcode		
Name			
Address			
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Name			
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Name			
Address			!
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	UK Postcode		



363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and tick and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

1	. Declaration				
	I confirm that the details (shown at 2 below). I end				up-date
	Signature	Sord		Date 6, 02,	2000
	,	Secretary)	-	his date must not be ean eturn date at 2 below	lier than the
	What to do now Please detach and retain whole of the Annual Reta		•	• •	
2	. Date of this return				
	This AR is made up to 8/2/2000	•	e making this i	return up to an earlier o	date,
			_/ / =		
		Note: The	form must be deli	vered to CH within 28 days	of this date
3.	. Date of next return				
	If you wish to change you please give the new date	here:	n to a date ea		/ 2001
4	. Where to send this	form			
	Please return this form to Registrar of Companies Companies House Crown Way Cardiff CF14 3UZ				
	Have you enclosed the reverse of the chaque?	filing fee и	rith the comp	any number written o	n the
	Cheque 🗌 Postal C	∂rder □	Cheque / Po Number	ostal Order	
	(Please complete as app	ropriate)			
C	ontact Address				
	ase give the name and add re are any queries about th		person who s	hould be contacted if	
Cor	ntact Name WB SWIM		Telephone (number inc code	
Add LJ-	dress. everyter Bridge	. les	DX number	if applicable	
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