



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **17/11/2015**

**X4KD9Y89**

*Company Name:* **Diet North Limited**

*Company Number:* **03873589**

*Date of this return:* **09/11/2015**

*SIC codes:* **86210**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **32 BRENKLEY WAY BLEZARD BUSINESS PARK  
SEATON BURN  
NEWCASTLE UPON TYNE  
ENGLAND  
NE13 6DS**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**  
*Full forename(s):* **DAVID SCOTT**

*Surname:* **COWPER**

*Former names:*

*Service Address:* **SAVILLE CHAMBERS 5 NORTH STREET  
NEWCASTLE UPON TYNE  
TYNE AND WEAR  
ENGLAND  
NE1 8DF**

*Company Director*    **1**

*Type:*                      **Person**

*Full forename(s):*        **DR. SUSANNA OI MAY**

*Surname:*                **REYNOLDS**

*Former names:*

*Service Address:*        **26 BRANDLING PLACE SOUTH  
JESMOND  
NEWCASTLE UPON TYNE  
ENGLAND  
NE2 4RU**

*Country/State Usually Resident:*   **ENGLAND**

*Date of Birth:*   **\*\*/11/1961**                      *Nationality:*   **BRITISH**

*Occupation:*    **MEDICAL PRACTITIONER**

## Statement of Capital (Share Capital)

---

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>1</b>
		<i>Aggregate nominal value</i>	<b>1</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>0</b>
		<i>Amount unpaid per share</i>	<b>1</b>

*Prescribed particulars*

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES.

---

## Statement of Capital (Totals)

---

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>1</b>
		<i>Total aggregate nominal value</i>	<b>1</b>

---

## *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 09/11/2015 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* : **1 ORDINARY shares held as at the date of this return**  
*Name:* **DR. S.O.M. REYNOLDS**

---

## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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