



Companies House

AR01 (ef)

Annual Return



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Company Name: **SWALLOWNEST & AIRPORT TAXIS LIMITED**

Company Number: **04284711**

Date of this return: **10/09/2015**

SIC codes: **49320**

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

Situation of Registered Office: **18 ROBERTS GROVE
ASTON
SHEFFIELD
S26 2DJ**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MRS TAMMY**

Surname: **STRUGGLES**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **MR NICHOLAS DENE**

Surname: **STRUGGLES**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **10/08/1971** Nationality: **BRITISH**
Occupation: **DIRECTOR**

Company Director **2**

Type: **Person**
Full forename(s): **MRS TAMMY**

Surname: **STRUGGLES**

Former names:

Service Address: **18 ROBERTS GROVE**
 ASTON
 SHEFFIELD
 UNITED KINGDOM
 S26 2DJ

Country/State Usually Resident: **ENGLAND**

Date of Birth: **27/10/1977** *Nationality:* **BRITISH**
Occupation: **ADMIN ASSISTANT**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	10
		<i>Aggregate nominal value</i>	10
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

ORDINARY SHARES - VOTING: ONE SHARE IS EQUAL TO ONE VOTE. - DIVIDENDS: DIVIDED PAYABLE ON PROPORTION OF SHAREHOLDING. - FULL DETAILS IN ARTICLES OF ASSOCIATION HELD AT REGISTERED OFFICE.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	10
		<i>Total aggregate nominal value</i>	10

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 10/09/2015 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 : **10 ORDINARY shares held as at the date of this return**
Name: **N STRUGGLES**

Authorisation

Authenticated

This form was authorised by one of the following:

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