



88(2)

Please complete in typescript,
or in bold black capitals.

Return of Allotment of Shares

CHFP005

Company Number

4899210

Company Name in full

BLACKHEATH CARPET SALES LIMITED

Shares allotted (including bonus shares):

Date or period during which
shares were allotted

(If shares were allotted on one date
enter that date in the "from" Box).

From

To

Day Month Year

1 5 0 9 2 0 0 3

Day Month Year

Class of Shares

(ordinary or preference etc).

ORDINARY A.

ORDINARY B.

Number allotted

99

100.

Nominal value of each share

£ 1

£ 1

Amount (if any) paid or due on each
share (including any share premium)

£ 1

£ 1

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be
treated as paid up

100%

100%

Consideration for which
the shares were allotted

(This information must be supported by
the duly stamped contract or by the duly
stamped particulars on Form 88(3) if the
contract is not in writing)

CASH

When you have completed and signed the form send it to the
Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ
for companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB
for companies registered in Scotland

DX 235
Edinburgh



A36
COMPANIES HOUSE
0320
27/09/03

Shareholder details		Shares and share class allotted	
Name MR ANTHONY GERALD BOYLE		Class of shares allotted ORDINARY A.	Number allotted 99
Address 5A PLUME AVENUE COLCHESTER ESSEX			
UK PostCode C10 3 4 PG			
Name MRS VIOLET BOYLE		Class of shares allotted ORDINARY B.	Number allotted 100
Address 5A PLUME AVENUE COLCHESTER ESSEX			
UK PostCode C10 3 4 PG			
Name		Class of shares allotted	Number allotted
Address			
UK PostCode			
Name		Class of shares allotted	Number allotted
Address			
UK PostCode			
Name		Class of shares allotted	Number allotted
Address			
UK PostCode			

Please enter the number of continuation sheet(s) (if any) attached to this form

0

Signed

Date

22-9-05

A director / secretary / administrator / administrative receiver / receiver-manager / receiver

Please delete as appropriate

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

MR A SMART, C/O ROP PARTNERSHIP, 1ST FLOOR	
THE COACH HOUSE, 49 EAST STREET, COLCHESTER	
ESSEX C03 4PG	Tel 01206 798100
DX Number	DX Exchange