



*Companies House*  
— for the record —

**AR01** (ef)

**Annual Return**



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Received for filing in Electronic Format on the: **18/10/2013**

*Company Name:* **MULTI-TREATMENTS LIMITED**

*Company Number:* **05594397**

*Date of this return:* **17/10/2013**

*SIC codes:* **43999**

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

*Situation of Registered Office:* **C/O ADEL  
17 HOLTDAL WAY  
ADEL  
LEEDS  
WEST YORKSHIRE  
UNITED KINGDOM  
LS16 7SJ**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**

*Full forename(s):* **JANET**

*Surname:* **MIDDLEMISS**

*Former names:*

*Service Address:* **17 HOLTDALE WAY LEEDS  
17 HOLTDALE WAY ADEL  
LEEDS  
WEST YORKSHIRE  
UNITED KINGDOM  
LS16 7SJ**

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## *Company Director 1*

*Type:* **Person**

*Full forename(s):* **MR PHILIP JAMES**

*Surname:* **FEAR**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **13/12/1960**

*Nationality:* **BRITISH**

*Occupation:* **DIRECTOR**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>100</b>
		<i>Aggregate nominal value</i>	<b>100</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>0</b>
		<i>Amount unpaid per share</i>	<b>0</b>

### *Prescribed particulars*

**75 ORDINARY SHARES MR P J FEAR 25 ORDINARY SHARES MRS JANET MIDDLEMISS**

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>100</b>
		<i>Total aggregate nominal value</i>	<b>100</b>

## *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 17/10/2013 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* : **25 ORDINARY shares held as at the date of this return**  
*Name:* **JANET MIDDLEMISS**

*Shareholding 2* : **75 ORDINARY shares held as at the date of this return**  
*Name:* **PHILIP JAMES FEAR**

## *Authorisation*

*Authenticated*

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

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