Companies House

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **22/10/2015**

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Company Name:	**MULTI-TREATMENTS LIMITED**
Company Number:	**05594397**
Date of this return:	**17/10/2015**
SIC codes:	**43999**
Company Type:	**Private company limited by shares**
Situation of Registered Office:	**C/O ADEL** **17 HOLTDALE WAY** **ADEL** **LEEDS** **WEST YORKSHIRE** **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

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: ****/12/1960** *Nationality:* **BRITISH**
Occupation: **DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	**ORDINARY**	*Number allotted*	**100**
		Aggregate nominal value	**100**
Currency	**GBP**	*Amount paid per share*	**0**
		Amount unpaid per share	**0**

Prescribed particulars

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

Statement of Capital (Totals)

Currency	**GBP**	*Total number of shares*	**100**
		Total aggregate nominal value	**100**

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 17/10/2015 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 : **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.