



Annual Return

Company Name: **ABLE CARE SERVICES LIMITED**

Company Number: **06383129**



Received for filing in Electronic Format on the: **01/08/2016**

X5CGLZ4Q

Company Name: **ABLE CARE SERVICES LIMITED**

Company Number: **06383129**

Date of this return: **27/06/2016**

Sic Codes: **86900**

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

Situation of **97 HATFIELD MEAD MORDEN SURREY**

Registered Office: **SM4 5PG**

---

## Officers of the company

### Company Secretary 1

Type: **Person**  
Full Forename(s): **MRS UMUYETU AYEMIBO**  
Surname: **IGBAFE**  
Service Address: **97 HATFIELD MEAD MORDEN  
SM4 5PG**

---

### Company Director 1

Type: **Person**  
Full Forename(s): **MISS BARBRA OLERE**  
Surname: **IGBAFE**  
Service Address: **97 HATFIELD MEAD MORDEN  
SM4 5PG**

Country/State **UNITED KINGDOM**  
Usually Resident:  
Date of Birth: **\*\*/07/1988** Nationality: **BRITISH**  
Occupation: **BUSINESSWOMAN**

---

### Company Director 2

Type: **Person**  
Full Forename(s): **MRS UMUYETU AYEMIBO**  
Surname: **IGBAFE**  
Service Address: **97 HATFIELD MEAD MORDEN  
SM4 5PG**

Country/State **UNITED KINGDOM**  
Usually Resident:  
Date of Birth: **\*\*/05/1961** Nationality: **BRITISH**  
Occupation: **BUSINESSWOMAN**

## Statement of Capital (Share Capital)

---

<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>100</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>100</b>
Prescribed particulars			
<b>ORDINARY SHARES</b>			

---

## Statement of Capital (Totals)

---

Currency:	<b>GBP</b>	Total number of shares:	<b>100</b>
		Total aggregate nominal value:	<b>100</b>
		Total aggregate amount unpaid:	<b>100</b>

## Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders as at 27th June 2016 or that had ceased to be shareholders since the made up date of the previous Annual Return.

A full list of shareholders for a private or non-traded public company are shown below.

Shareholding 1: **100 ORDINARY shares held as at the date of this return**  
Name: **UMUYETU IGBAFE**

# Authorisation

Authenticated

This form was authorised by one of the following:

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

