



Companies House
— for the record —

AR01 (ef)

Annual Return



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Company Name: **ABSOLUTE DENTAL STUDIOS LIMITED**

Company Number: **06426715**

Date of this return: **14/11/2012**

SIC codes: **86230**

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

Situation of Registered Office: **2 ASPEN CLOSE
STEVENAGE
HERTFORDSHIRE
SG2 8SJ**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **BRIAN MICHAEL**

Surname: **HICKEY**

Former names:

Service Address: **2 ASPEN CLOSE
STEVENAGE
HERTFORDSHIRE
SG2 8SJ**

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

Date of Birth: **01/07/1966** *Nationality:* **IRISH**

Occupation: **DENTAL TECHNICIAN**

Company Director 2

Type: **Person**

Full forename(s): **MRS MICHELLE ELAINE**

Surname: **HICKEY**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **03/08/1967**

Nationality: **BRITISH**

Occupation: **COMPANY DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
ACTIVE			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 14/11/2012 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 : **1 ORDINARY shares held as at the date of this return**
Name: **BRIAN HICKEY**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **MICHELLE HICKEY**

Authorisation

Authenticated

This form was authorised by one of the following:

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