



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **18/03/2016**

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Company Name: **STEPS AHEAD CARE & SUPPORT LIMITED**

Company Number: **06841189**

Date of this return: **10/03/2016**

SIC codes: **86900**

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

Situation of Registered Office: **CITY BUSINESS PARK SOMERSET PLACE
STOKE
PLYMOUTH
DEVON
PL3 4BB**

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): **MRS DAWN**

Surname: **FOX**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/07/1980** Nationality: **BRITISH**

Occupation: **CARE MANAGER**

Company Director 2

Type: **Person**
Full forename(s): **MISS CHRISTINE ELLEN**

Surname: **HOLDSWORTH**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/07/1978** Nationality: **BRITISH**

Occupation: **CARE MANAGER**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	4
		<i>Aggregate nominal value</i>	4
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
DIRECTORS HAVE EQUAL RIGHTS			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	4
		<i>Total aggregate nominal value</i>	4

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 10/03/2016 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 : **2 ORDINARY shares held as at the date of this return**
Name: **DAWN FOX**

Shareholding 2 : **2 ORDINARY shares held as at the date of this return**
Name: **CHRISTINE ELLEN HOLDSWORTH**

Authorisation

Authenticated

This form was authorised by one of the following:

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