

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the:

10/01/2015

Company Name:

1248 TAXIS LTD.

Company Number:

SC314414

Date of this return:

10/01/2015

SIC codes:

49320

Company Type:

Private company limited by shares

Situation of Registered

or

Office:

1A TORPHICHEN STREET

EDINBURGH

EH3 8HX

Officers of the company

Company Director	1
Type: Full forename(s):	Person MR KEVIN
Surname:	DOBBIE
Former names:	
Service Address:	6 CRAIGENTINNY AVENUE NORTH EDINBURGH SCOTLAND EH6 7LJ
Country/State Usually Re	rident: SCOTLAND
Date of Birth: 26/02/1983 Occupation: FINANCIA	Nationality: BRITISH ADMINISTRATOR

Company Director 2

Type: Person

Full forename(s): DIANE ELIZABETH

Surname: INGLIS

Former names:

Service Address: 1A TORPHICHEN STREET

EDINBURGH EH3 8HX

Country/State Usually Resident: SCOTLAND

Date of Birth: 20/05/1946 Nationality: BRITISH

Occupation: NONE

Statement of Capital (Share Capital)

Class of shares	ORDINARY	Number allotted	2
Currency	GBP	Aggregate nominal value	2
		Amount paid per share	0
		Amount unpaid per share	0

Prescribed particulars

WHETHER THE SHARES ARE TO BE REDEEMED OR ARE LIABLE TO BE REDEEMED AT THE OPTION OF THE COMPANY OR THE SHAREHOLDER AND ANY TERMS OR CONDITIONS RELATING TO REDEMPTION OF THESE SHARES.

Statem	nent of Cap	ital (Totals)		
Currency	GBP	Total number of shares	2	
		Total aggregate nominal value	2	

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 10/01/2015 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 + 1 ORDINARY shares held as at the date of this return

Name: KEVIN DOBBIE

Shareholding 2 : 1 ORDINARY shares held as at the date of this return

Name: DIANE INGLIS

Authorisation

Authenticated

This form was authorised by one of the following:

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