



Companies House
— for the record —

AR01 (ef)

Annual Return



X2E4WPAR

Received for filing in Electronic Format on the: **05/08/2013**

Company Name: **TWO LR LIMITED**

Company Number: **04855137**

Date of this return: **04/08/2013**

SIC codes: **98000**

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

Situation of Registered Office: **FLAT 1A 2 LUSCOMBE ROAD
LOWER PARKSTONE
POOLE
DORSET
BH14 8ST**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR GORDON JAMES**

Surname: **LOTHIAN**

Former names:

Service Address: **FLAT 1A 2 LUSCOMBE ROAD LOWER PARKTONE
POOLE
DORSET
BH14 8ST**

Company Director ***I***

Type: **Person**

Full forename(s): **MS JUDITH**

Surname: **HUNT**

Former names:

Service Address: **FLAT 1 2 LUSCOMBE ROAD
POOLE
DORSET
ENGLAND
BH14 8ST**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **29/06/1958** *Nationality:* **BRITISH**

Occupation: **CELLULAR PATHOLOGY
PRODUCT SPECIALIST**

Company Director **2**

Type: **Person**

Full forename(s): **MR GORDON JAMES**

Surname: **LOTHIAN**

Former names:

Service Address: **FLAT 1A 2 LUSCOMBE ROAD LOWER PARKTONE
POOLE
DORSET
BH14 8ST**

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

Date of Birth: **28/05/1965** *Nationality:* **BRITISH**

Occupation: **PROJECT MANAGER**

Company Director **3**

Type: **Person**
Full forename(s): **DR SHARON DIANNE**

Surname: **LOTHIAN**

Former names:

Service Address: **FLAT 1A 2 LUSCOMBE ROAD LOWER PARKSTONE**
 POOLE
 DORSET
 BH14 8ST

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

Date of Birth: **26/06/1972** *Nationality:* **BRITISH**
Occupation: **CLINICAL PSYCHOLOGIST**

Company Director 4

Type: **Person**

Full forename(s): **MRS CAROL ELIZABETH**

Surname: **ROBSON**

Former names:

Service Address: **13 SWEYNS MEAD
STEVENAGE
HERTFORDSHIRE
SG2 0JZ**

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

Date of Birth: **04/05/1968**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Company Director **5**

Type: **Person**
Full forename(s): **MR PAUL DAVID**

Surname: **ROBSON**

Former names:

Service Address: **13 SWEYNS MEAD**
 STEVENAGE
 SG2 0JZ

Country/State Usually Resident: **ENGLAND**

Date of Birth: **09/02/1965** *Nationality:* **BRITISH**
Occupation: **DIRECTOR**

Company Director **6**

Type: **Person**
Full forename(s): **MS KIM FRANCES**

Surname: **SPICER**

Former names:

Service Address: **FLAT 3 2 LUSCOMBE ROAD
LOWER PARKSTONE
POOLE
DORSET
UNITED KINGDOM
BH14 8ST**

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

Date of Birth: **04/10/1957** *Nationality:* **BRITISH**
Occupation: **RETIRED BANK MANAGER**

Authorisation

Authenticated

This form was authorised by one of the following:

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