



Annual Return

Company Name: **WINSCOMBE EYE CLINIC LIMITED**

Company Number: **08103667**



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Company Name: **WINSCOMBE EYE CLINIC LIMITED**

Company Number: **08103667**

Date of this return: **13/06/2016**

Sic Codes: **86900**

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

Situation of **CORNER HOUSE WOODBOROUGH ROAD WINSCOMBE**

Registered Office: **UNITED KINGDOM BS25 1AQ**

Officers of the company

Company Director 1

Type: **Person**
Full Forename(s): **GARY LOCKWOOD**
Surname: **ORRISS**
Service Address: **CORNER HOUSE WOODBOROUGH ROAD WINSCOMBE
UNITED KINGDOM BS25 1AQ**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/09/1956** Nationality: **BRITISH**
Occupation: **OPTOMETRIST**

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Company Director 2

Type: **Person**
Full Forename(s): **RUTH JOSEPHINE**
Surname: **ORRISS**
Service Address: **CORNER HOUSE WOODBOROUGH ROAD WINSCOMBE
UNITED KINGDOM BS25 1AQ**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/09/1958** Nationality: **BRITISH**
Occupation: **OPTOMETRIST**

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Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	100
Currency:	GBP	Aggregate nominal value:	100

Prescribed particulars

ALL RIGHTS ATTACHED, EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES, IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION AND IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	100
		Total aggregate nominal value:	100
		Total aggregate amount unpaid:	0

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders as at 13th 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: **50 ORDINARY shares held as at the date of this return**
Name: **GARY ORRISS**

Shareholding 2: **50 ORDINARY shares held as at the date of this return**
Name: **RUTH ORRISS**

Authorisation

Authenticated

This form was authorised by one of the following:

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

