Companies House

CS01 (ef)

Confirmation Statement

Company Name: **COUNTY NURSING LIMITED**
Company Number: **03920474**

Received for filing in Electronic Format on the: **10/02/2020**

X8YI481V

Company Name: **COUNTY NURSING LIMITED**

Company Number: **03920474**

Confirmation Statement date: **07/02/2020**

Sic Codes: **78109**

Principal activity description: **Other activities of employment placement agencies**

Statement of Capital (Share Capital)

Class of Shares:	**ORDINARY**	Number allotted	**2**
Currency:	**GBP**	Aggregate nominal value:	**2**

Prescribed particulars

THE COMPANYS SHARE CAPITAL CONSISTS OF 2 FULLY PAID 1GBP ORDINARY SHARES ISSUED AT PAR. THE SHARES CARRY FULL VOTING RIGHTS AND FULL RIGHTS TO PARTICIPATE IN ANY DIVIDEND.

Statement of Capital (Totals)

Currency:	**GBP**	Total number of shares:	**2**
		Total aggregate nominal value:	**2**
		Total aggregate amount unpaid:	**0**

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **1 ORDINARY shares held as at the date of this confirmation statement**
Name: **JANE WINIFRED BURT**

Shareholding 2: **1 ORDINARY shares held as at the date of this confirmation statement**
Name: **KEVIN GEORGE BURT**

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

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