



Companies House

AR01 (ef)

Annual Return



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X45GDHHS

Company Name: **PREMIUM PRODUCT DISTRIBUTORS LIMITED**

Company Number: **08484326**

Date of this return: **11/04/2015**

SIC codes: **47810**

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

Situation of Registered Office: **CARLYLE HOUSE 78 CHORLEY NEW ROAD
BOLTON
LANCASHIRE
BL1 4BY**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **LINDA**

Surname: **MATHER**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**

Full forename(s): **PHILLIP MARTIN**

Surname: **MATHER**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **27/02/1965** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

FULL RIGHTS TO RECEIVE NOTICE OF, ATTEND AND VOTE AT GENERAL MEETINGS. ONE SHARE CARRIES ONE VOTE, AND FULL RIGHTS TO DIVIDENDS AND CAPITAL DISTRIBUTIONS (INCLUDING UPON WINDING UP).

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 11/04/2015 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 : 70 ORDINARY shares held as at the date of this return
Name: PHILLIP MATHER

Shareholding 2 : 30 ORDINARY shares held as at the date of this return
Name: LINDA MATHER

Authorisation

Authenticated

This form was authorised by one of the following:

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