



**Confirmation Statement**

Company Name: **1ST CLASS CARE SOLUTIONS LIMITED**

Company Number: **SC453580**



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Company Name: **1ST CLASS CARE SOLUTIONS LIMITED**

Company Number: **SC453580**

Confirmation Statement date: **01/07/2016**

Statement date:

Sic Codes: **88100**

Principal activity description: **Social work activities without accommodation for the elderly and disabled**

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>2</b>
<b>Currency:</b>	<b>GBP</b>	Aggregate nominal value:	<b>2</b>

Prescribed particulars

**EACH SHARE HAS FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING,  
DIVIDENDS AND DISTRIBUTIONS.**

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## Statement of Capital (Totals)

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<b>Currency:</b>	<b>GBP</b>	Total number of shares:	<b>2</b>
		Total aggregate nominal value:	<b>2</b>
		Total aggregate amount unpaid:	<b>2</b>

## 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.

A full list of shareholders for a non-traded company are shown below

Shareholding 1: **1 ORDINARY shares held as at the date of this confirmation statement**  
Name: **DAVID IRELAND MEIKLE**

Shareholding 2: **1 ORDINARY shares held as at the date of this confirmation statement**  
Name: **ELAINE MARIE MARSHALL**

# Persons with Significant Control (PSC)

## PSC notifications

### Notification Details

Date that person became registrable: **01/07/2016**

Name: **MRS ELAINE MARSHALL**

Service Address: **ARGYLL HOUSE QUARRYWOOD COURT  
LIVINGSTON  
UNITED KINGDOM  
EH54 6AX**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **\*\*/12/1969**

Nationality: **BRITISH**

### Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

# 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