



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Justin
FIRST NAME

Mcclory
LAST NAME

2105844886
CONTACT NUMBER

404-607-8435
ALTERNATE NUMBER

COMPANY DATA BASE

justinmcclory10@gmail.com
EMAIL ADDRESS

Shimokaji & Assoc Pc
COMPANY NAME

shimokaji.com
WEBSITE URL

8911 Research Drive
Address

Irvine
City

CA
State

92618
ZIP Code

Legal Services
SIC DESCRIPTION

8111
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

1,011,400.00
REVENUE (USD)

Orange
COUNTRY/REGION

YES
MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782