



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Gail

FIRST NAME

Similton

LAST NAME

760-616-5388

CONTACT NUMBER

760-493-9208

ALTERNATE NUMBER

## COMPANY DATA BASE

[gail\\_similton@similton.com](mailto:gail_similton@similton.com)

EMAIL ADDRESS

[Eventpro1.com](http://Eventpro1.com)

COMPANY NAME

[familyentertainment.biz](http://familyentertainment.biz)

WEBSITE URL

[23240 Hawthorne Blvd](#)

Address

[Marina Del Rey](#)

City

[CA](#)

State

[90292](#)

ZIP Code

[Business Services, NEC](#)

SIC DESCRIPTION

[7389](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[428,099.99](#)

REVENUE (USD)

[Los Angeles](#)

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