



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Lashawnda

FIRST NAME

Stuer

LAST NAME

419-588-8719

CONTACT NUMBER

419-399-1744

ALTERNATE NUMBER

COMPANY DATA BASE

lstuer@cox.net

EMAIL ADDRESS

Law Office of John D.
Carpenter

COMPANY NAME

NA

WEBSITE URL

225 S Lake Ave Ste 300

Address

Pasadena

City

California

State

91101-3009

ZIP Code

Nonclassifiable Establishments

SIC DESCRIPTION

9900

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

245,100.01

REVENUE (USD)

California

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