



CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Jolene

FIRST NAME

OstolRzR

LAST NAME

747-682-7116

CONTACT NUMBER

747-940-1741

ALTERNATE NUMBER

COMPANY DATA BASE

jolene@yahoo.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