



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

EMAIL ADDRESS

Eventpro1.com

COMPANY NAME

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



+1 (904) 117-
1782